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RESOURCE CENTER, HCFA

MEDICARE/MEDICAID NURSING HOME INFORMATION

LOUISIANA

87/88

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

LOUISIANA

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Secretary
U.S. Department of Health & Human Services

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Health Care Financing Administration

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

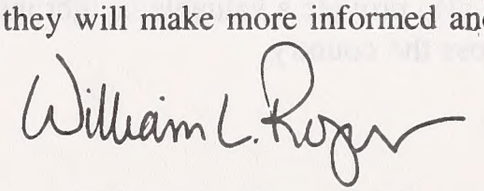
This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, ''Further Considerations.'' This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.



William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

Buddy Roemer
GOVERNOR

State of Louisiana
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF THE SECRETARY
DIVISION OF LICENSING AND CERTIFICATION
P. O BOX 3767 - PHONE - 504/342-5774
BATON ROUGE, LOUISIANA 70821

David L. Ramsey
Acting Secretary

Louisiana law requires the licensure of all nursing homes. A nursing home is defined as a place serving two or more persons (not related) organized to provide nursing care. The licensing regulations provide minimal standards for the protection of the health and safety of the residents served.

The Louisiana licensing agency is located in the Department of Health and Human Resources in Baton Rouge, Louisiana. The licensing agency and the state survey agency is the same agency. The agency is named Licensing and Certification. The director of the agency is a civil servant who reports directly to an appointee of the Governor of Louisiana. There is a staff of 45 surveyors statewide. The agency surveys nursing homes and some 2700 other health and social care facilities.

The survey procedure is an annual survey. These trained surveyors verify on site at each nursing home whether or not the minimal standards are being maintained by the home. The surveyors verify compliance or non-compliance by the documentation available and/or by interviews with the residents and/or by observations on site.

The surveyor documents non-compliance by writing on a set form how, where and when the nursing home is not complying. This list of deficiencies is left with or sent to the nursing home for a plan of correction. The nursing home is given an opportunity to state in writing how the home proposes to come into compliance with the minimum standards. A second on-site survey (a follow-up) is made at the nursing home. The surveyor documents any further non-compliance at that time.

By law, a nursing home which has any deficiency that is detrimental to the health or safety of the residents is allowed 5 days only to correct the deficiency. Otherwise, 90 days are allowed to correct deficiencies, by law.

With due process, a license may be denied, non-renewed or revoked, by law, for the following reasons:

1) Cruelty or indifference to the welfare of the residents;
2) Misappropriation or conversion of the property of the resident;
3) Violation of any minimum standard;
4) Conviction of a felony by the owner, or by any member of the corporation or by the person designated to manage the home;
5) If the supervisor of the home is not reputable;
6) If the staff or a member of the staff is temperamentally or otherwise unsuited for the care of the patients in the home.

By law, the minimum standards deal with the following:

1) Construction of the home;
2) Number and qualifications of personnel;
3) Sanitary conditions;
4) Diet related to needs of each resident;
5) Equipment essential to the health and well being of the resident.

The following are resources available to consumers for further information:

Department of Health & Hospitals

Office of the Secretary
P.O. Box 3776
Baton Rouge, LA. 70821
(504)342-6711

Department of Social Services

Office of the Secretary
P.O. Box 3776
Baton Rouge, LA. 70821
(504)342-2342

Licensing Survey Agency (Source for obtaining nursing home survey result)

Division of Licensing and Certification
P.O. Box 3767
Baton Rouge, LA. 70821
(504) 342-5774

Complaints about Nursing Homes:

Department of Health & Hospitals
Medical Assistance Complaint Unit
P.O. Box 94065
Baton Rouge, LA. 70804
(504)342-0082

Department of Justice
Office of the Attorney General
P.O. Box 94095
Medicaid Fraud & Abuse of Funds Unit
Baton Rouge, LA. 70821
(504)342-7517

Department of Social Services
Adult Protection Services
P.O. Box 3318
Baton Rouge, LA. 70821
(504)342-9930

Ombudsman State Agency

Governor's Office of Elderly Affairs
P.O. Box 80374
Baton Rouge, LA. 70898-0374
(504)925-1700

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are "pressure sore" or "decubitus."

Catheter. See **Urinary Catheter**.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self-explanatory
Street Address: Self-explanatory
City and State: Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
HERITAGE MANOR OF ABBEVILLE

Street Address:	City and State:		
2403 ALONZO STREET	ABBEVILLE LA 70510		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	PROPRIETARY	12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	83.3	76.7	78.3
Dressing Residents requiring some or total assistance in dressing.	50	83.3	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	50	83.3	63.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	100	66.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	83.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	18.3	32.8	29.3
Completely bedfast residents.	5	8.3	5.6	3.6
Residents confined to chairs.	35	58.3	38.3	39.1
Residents requiring restraints.	14	23.3	27.1	31.7
Confused or disoriented residents.	45	75.0	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	60	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANNIE MAE MATTHEWS MEMORIAL NH

Street Address:		City and State:	
5100 JACKSON STREET		ALEXANDRIA LA 71315	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	159	PROPRIETARY	03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	0	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	67.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	104	88.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	73	62.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	65.0	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	40.2	56.2	59.1
Residents on individually written bowel and bladder retraining program.	13	11.1	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	88	75.2	32.8	29.3
Completely bedfast residents.	3	2.6	5.6	3.6
Residents confined to chairs.	33	28.2	38.3	39.1
Residents requiring restraints.	20	17.1	27.1	31.7
Confused or disoriented residents.	50	42.7	51.0	55.8
Residents with bed sores.	3	2.6	4.0	4.7
Residents receiving special skin care.	15	12.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

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NURSING HOME PROFILE
HERITAGE MANOR OF ALEXANDRIA NORTH

Street Address:		City and State:	
1709 ODOM ST		ALEXANDRIA LA 71301	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	75	PROPRIETARY	11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
74	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	79.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	60	81.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	51	68.9	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	66.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	60.8	56.2	59.1
Residents on individually written bowel and bladder retraining program.	6	8.1	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	37.8	32.8	29.3
Completely bedfast residents.	3	4.1	5.6	3.6
Residents confined to chairs.	37	50.0	38.3	39.1
Residents requiring restraints.	13	17.6	27.1	31.7
Confused or disoriented residents.	34	45.9	51.0	55.8
Residents with bed sores.	3	4.1	4.0	4.7
Residents receiving special skin care.	9	12.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF ALEXANDRIA 1

Street Address:		City and State:	
5115 MCARTHUR DR		ALEXANDRIA LA 71301	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	56	PROPRIETARY	09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
56	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	73.2	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	50	89.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	67.9	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	67.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	64.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	5	8.9	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	33.9	32.8	29.3
Completely bedfast residents.	3	5.4	5.6	3.6
Residents confined to chairs.	21	37.5	38.3	39.1
Residents requiring restraints.	19	33.9	27.1	31.7
Confused or disoriented residents.	25	44.6	51.0	55.8
Residents with bed sores.	3	5.4	4.0	4.7
Residents receiving special skin care.	5	8.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF ALEXANDRIA 2

Street Address:		City and State:	
3345 MASONIC DRIVE		ALEXANDRIA LA 71301	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	124	PROPRIETARY	10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
123	0	113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	76.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	109	88.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	73	59.3	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	59.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	59.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	25	20.3	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	31.7	32.8	29.3
Completely bedfast residents.	6	4.9	5.6	3.6
Residents confined to chairs.	79	64.2	38.3	39.1
Residents requiring restraints.	58	47.2	27.1	31.7
Confused or disoriented residents.	75	61.0	51.0	55.8
Residents with bed sores.	2	1.6	4.0	4.7
Residents receiving special skin care.	19	15.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NAOMI HEIGHTS NURSING HOME

Street Address:		City and State:	
2421 E TEXAS AVE		ALEXANDRIA LA 71301	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	143	PROPRIETARY	04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
128	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	128	100	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	111	86.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	84	65.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	58.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	52.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	28	21.9	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	43.8	32.8	29.3
Completely bedfast residents.	2	1.6	5.6	3.6
Residents confined to chairs.	66	51.6	38.3	39.1
Residents requiring restraints.	48	37.5	27.1	31.7
Confused or disoriented residents.	54	42.2	51.0	55.8
Residents with bed sores.	8	6.3	4.0	4.7
Residents receiving special skin care.	46	35.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT MANOR NURSING HOME

Street Address:		City and State:	
5908 SKYE ST		ALEXANDRIA LA 71301	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	160	PROPRIETARY	09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
158	0	140

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	73.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	98	62.0	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	102	64.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	49.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	55.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	84	53.2	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	16.5	32.8	29.3
Completely bedfast residents.	2	1.3	5.6	3.6
Residents confined to chairs.	61	38.6	38.3	39.1
Residents requiring restraints.	30	19.0	27.1	31.7
Confused or disoriented residents.	62	39.2	51.0	55.8
Residents with bed sores.	5	3.2	4.0	4.7
Residents receiving special skin care.	26	16.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILSHIRE MANOR NH

Street Address:		City and State:	
1225 WINDSOR PLACE		ALEXANDRIA LA 71301	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	110	PROPRIETARY	11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
102	0	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	83.3	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	86	84.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	60	58.8	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	84.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	58.8	56.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	25.5	32.8	29.3
Completely bedfast residents.	4	3.9	5.6	3.6
Residents confined to chairs.	46	45.1	38.3	39.1
Residents requiring restraints.	11	10.8	27.1	31.7
Confused or disoriented residents.	44	43.1	51.0	55.8
Residents with bed sores.	4	3.9	4.0	4.7
Residents receiving special skin care.	13	12.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMITE NH

Street Address:		City and State:	
709 EAST NORTH PLACE		AMITE LA 70422	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	06/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
90	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	86.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	50	55.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	17	18.9	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	55.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	18.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	7	7.8	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	22.2	32.8	29.3
Completely bedfast residents.	1	1.1	5.6	3.6
Residents confined to chairs.	22	24.4	38.3	39.1
Residents requiring restraints.	15	16.7	27.1	31.7
Confused or disoriented residents.	57	63.3	51.0	55.8
Residents with bed sores.	2	2.2	4.0	4.7
Residents receiving special skin care.	2	2.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOOD MEMORIAL HOSPITAL SNF

Street Address:	City and State:		
301 W WALNUT ST	AMITE LA 70422		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	10	LOCAL GOVERNMENT	10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
1	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	1	100	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	100	40.5	37.7
Completely bedfast residents.	1	100	8.4	3.4
Residents confined to chairs.	0	0.0	49.1	50.8
Residents requiring restraints.	1	100	29.4	41.3
Confused or disoriented residents.	0	0.0	50.4	58.4
Residents with bed sores.	0	0.0	10.6	7.1
Residents receiving special skin care.	0	0.0	29.2	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAISON ORLEANS NH

Street Address:	City and State:		
2310 MEHLE ST	ARABI LA 70032		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	154	PROPRIETARY	05/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
144	0	113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	63.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	81	56.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	72	50.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	41.0	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	31.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	14.6	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	62	43.1	38.3	39.1
Residents requiring restraints.	25	17.4	27.1	31.7
Confused or disoriented residents.	52	36.1	51.0	55.8
Residents with bed sores.	5	3.5	4.0	4.7
Residents receiving special skin care.	144	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ANNS CONVALESCENT NH

Street Address:		City and State:	
633 MEHLE STREET		ARABI LA 70032	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	76	NON-PROFIT PRIVATE	10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
64	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	68.8	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	41	64.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	34	53.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	65.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	51.6	56.2	59.1
Residents on individually written bowel and bladder retraining program.	4	6.3	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	17.2	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	29	45.3	38.3	39.1
Residents requiring restraints.	11	17.2	27.1	31.7
Confused or disoriented residents.	30	46.9	51.0	55.8
Residents with bed sores.	6	9.4	4.0	4.7
Residents receiving special skin care.	19	29.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARCADIA BAPTIST HOME

Street Address:	City and State:		
1109 6TH ST	ARCADIA LA 71001		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	NON-PROFIT RELIGIOUS	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
105	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	28.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	44	41.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	39	37.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	38.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	19.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	23.8	32.8	29.3
Completely bedfast residents.	6	5.7	5.6	3.6
Residents confined to chairs.	26	24.8	38.3	39.1
Residents requiring restraints.	19	18.1	27.1	31.7
Confused or disoriented residents.	19	18.1	51.0	55.8
Residents with bed sores.	3	2.9	4.0	4.7
Residents receiving special skin care.	14	13.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARCADIA MANOR NURSING HOMES

Street Address:		City and State:	
1200 DANIEL ST BOX 726		ARCADIA LA 71001	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	125	PROPRIETARY	03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
90	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	6	6.7	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	71.1	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	85.6	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	85.6	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	85.6	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	28.9	40.5	37.7
Completely bedfast residents.	16	17.8	8.4	3.4
Residents confined to chairs.	42	46.7	49.1	50.8
Residents requiring restraints.	20	22.2	29.4	41.3
Confused or disoriented residents.	52	57.8	50.4	58.4
Residents with bed sores.	10	11.1	10.6	7.1
Residents receiving special skin care.	14	15.6	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
J MICHAEL MORROW MEMORIAL NURSING HOME

Street Address:		City and State:	
P O BOX 670-HWY 740 NORTH		ARNAUDVILLE LA 70512	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	124	PROPRIETARY	07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	0	112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	88.2	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	99	83.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	91	76.5	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	53.8	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	76.5	56.2	59.1
Residents on individually written bowel and bladder retraining program.	3	2.5	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	32.8	32.8	29.3
Completely bedfast residents.	2	1.7	5.6	3.6
Residents confined to chairs.	62	52.1	38.3	39.1
Residents requiring restraints.	27	22.7	27.1	31.7
Confused or disoriented residents.	42	35.3	51.0	55.8
Residents with bed sores.	1	0.8	4.0	4.7
Residents receiving special skin care.	15	12.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAKER MANOR NH

Street Address:		City and State:	
3612 BAKER RD		BAKER LA 70714	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	136	PROPRIETARY	05/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
134	0	127

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	55.2	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	93	69.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	62	46.3	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	44.0	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	46.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	59	44.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	18.7	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	6	4.5	38.3	39.1
Residents requiring restraints.	13	9.7	27.1	31.7
Confused or disoriented residents.	90	67.2	51.0	55.8
Residents with bed sores.	6	4.5	4.0	4.7
Residents receiving special skin care.	62	46.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BASILE CARE CENTER

Street Address:		City and State:	
P O BOX 38		BASILE LA 70515	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	78	PROPRIETARY	08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
77	0	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	100	76.7	78.3
Dressing Residents requiring some or total assistance in dressing.	70	90.9	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	67	87.0	63.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	87.0	66.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	74.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	17	22.1	9.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	33	42.9	32.8	29.3
Completely bedfast residents.	2	2.6	5.6	3.6
Residents confined to chairs.	20	26.0	38.3	39.1
Residents requiring restraints.	8	10.4	27.1	31.7
Confused or disoriented residents.	77	100	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	77	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHERRY RIDGE GUEST CARE CENTER

Street Address:	City and State:		
1800 CHERRY RIDGE ROAD	BASTROP LA 71220		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	110	PROPRIETARY	09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
102	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	46.1	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	72	70.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	42	41.2	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	45.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	70.6	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	20.6	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	43	42.2	38.3	39.1
Residents requiring restraints.	33	32.4	27.1	31.7
Confused or disoriented residents.	55	53.9	51.0	55.8
Residents with bed sores.	1	1.0	4.0	4.7
Residents receiving special skin care.	1	1.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HICKORY MANOR NURSING HOME

Street Address:		City and State:	
360 W HICKORY AVE		BASTROP LA 71221	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	104	PROPRIETARY	05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	62.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	61	63.5	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	48	50.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	87.5	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	52.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	6.3	32.8	29.3
Completely bedfast residents.	10	10.4	5.6	3.6
Residents confined to chairs.	28	29.2	38.3	39.1
Residents requiring restraints.	19	19.8	27.1	31.7
Confused or disoriented residents.	58	60.4	51.0	55.8
Residents with bed sores.	4	4.2	4.0	4.7
Residents receiving special skin care.	3	3.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLVIEW NURSING HOME

Street Address:		City and State:	
105 ALVIN ST P O BOX 667		BASTROP LA 71220	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	0	114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	82.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	100	85.5	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	58	49.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	83.8	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	26.5	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	24.8	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	29	24.8	38.3	39.1
Residents requiring restraints.	10	8.5	27.1	31.7
Confused or disoriented residents.	54	46.2	51.0	55.8
Residents with bed sores.	1	0.9	4.0	4.7
Residents receiving special skin care.	4	3.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUMMERLIN LANE NURSING HOME

Street Address:		City and State:	
1408 SUMMERLIN LANE		BASTROP LA 71220	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	0	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	82.4	76.7	78.3
Dressing Residents requiring some or total assistance in dressing.	71	78.0	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	59	64.8	63.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	58.2	66.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	34.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	18.7	32.8	29.3
Completely bedfast residents.	1	1.1	5.6	3.6
Residents confined to chairs.	48	52.7	38.3	39.1
Residents requiring restraints.	15	16.5	27.1	31.7
Confused or disoriented residents.	44	48.4	51.0	55.8
Residents with bed sores.	4	4.4	4.0	4.7
Residents receiving special skin care.	6	6.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ACADIAN HOUSE CARE CENTER

Street Address:		City and State:	
4005 NORTH BLVD		BATON ROUGE LA 70806	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	184	PROPRIETARY	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
141	0	109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	48.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	97	68.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	88	62.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	58.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	63.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	10	7.1	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	36.2	32.8	29.3
Completely bedfast residents.	5	3.5	5.6	3.6
Residents confined to chairs.	70	49.6	38.3	39.1
Residents requiring restraints.	32	22.7	27.1	31.7
Confused or disoriented residents.	54	38.3	51.0	55.8
Residents with bed sores.	4	2.8	4.0	4.7
Residents receiving special skin care.	13	9.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BATON ROUGE EXTENSIVE CARE FACILITY

Street Address:		City and State:	
4914 MCCLELLAND DRIVE		BATON ROUGE LA 70805	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	123	PROPRIETARY	11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	78.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	78	80.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	72	74.2	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	85.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	51.5	56.2	59.1
Residents on individually written bowel and bladder retraining program.	8	8.2	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	28.9	32.8	29.3
Completely bedfast residents.	1	1.0	5.6	3.6
Residents confined to chairs.	50	51.5	38.3	39.1
Residents requiring restraints.	27	27.8	27.1	31.7
Confused or disoriented residents.	31	32.0	51.0	55.8
Residents with bed sores.	4	4.1	4.0	4.7
Residents receiving special skin care.	9	9.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BATON ROUGE GEN MEDICAL CTR SNF

Street Address:		City and State:	
3600 FLORIDA STREET		BATON ROUGE LA 70821	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	46	NON-PROFIT PRIVATE	03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
27	23	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	27	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	27	100	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	37.0	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	77.8	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	48.1	40.5	37.7
Completely bedfast residents.	1	3.7	8.4	3.4
Residents confined to chairs.	20	74.1	49.1	50.8
Residents requiring restraints.	8	29.6	29.4	41.3
Confused or disoriented residents.	14	51.9	50.4	58.4
Residents with bed sores.	8	29.6	10.6	7.1
Residents receiving special skin care.	15	55.6	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BATON ROUGE HEALTH CARE CENTER

Street Address:		City and State:	
5550 THOMAS RD		BATON ROUGE LA 70807	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	172	PROPRIETARY	04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
156	0	130

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	124	79.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	94	60.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	75	48.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	75.0	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	42.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	4	2.6	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	25.6	32.8	29.3
Completely bedfast residents.	8	5.1	5.6	3.6
Residents confined to chairs.	54	34.6	38.3	39.1
Residents requiring restraints.	53	34.0	27.1	31.7
Confused or disoriented residents.	53	34.0	51.0	55.8
Residents with bed sores.	5	3.2	4.0	4.7
Residents receiving special skin care.	8	5.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BATON ROUGE HERITAGE HOUSE II

Street Address:		City and State:	
1335 WOODDALE BOULEVARD		BATON ROUGE LA 70805	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	160	PROPRIETARY	01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
131	0	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	88.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	108	82.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	82	62.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	64.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	60.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	2	1.5	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	21.4	32.8	29.3
Completely bedfast residents.	10	7.6	5.6	3.6
Residents confined to chairs.	46	35.1	38.3	39.1
Residents requiring restraints.	14	10.7	27.1	31.7
Confused or disoriented residents.	54	41.2	51.0	55.8
Residents with bed sores.	7	5.3	4.0	4.7
Residents receiving special skin care.	26	19.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAPITOL NURSING HOME

Street Address:		City and State:	
11546 FLORIDA BLVD		BATON ROUGE LA 70815	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	85	PROPRIETARY	01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	57.6	76.7	78.3
Dressing Residents requiring some or total assistance in dressing.	37	62.7	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	32	54.2	63.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	49.2	66.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	45.8	56.2	59.1
Residents on individually written bowel and bladder retraining program.	28	47.5	9.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	28.8	32.8	29.3
Completely bedfast residents.	1	1.7	5.6	3.6
Residents confined to chairs.	28	47.5	38.3	39.1
Residents requiring restraints.	6	10.2	27.1	31.7
Confused or disoriented residents.	31	52.5	51.0	55.8
Residents with bed sores.	4	6.8	4.0	4.7
Residents receiving special skin care.	3	5.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONVENTION STREET NURSING CTR

Street Address:		City and State:	
4660 CONVENTION STREET		BATON ROUGE LA 70806	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	54	PROPRIETARY	12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	100	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	50	100	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	35	70.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	80.0	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	78.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	3	6.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	36.0	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	27	54.0	38.3	39.1
Residents requiring restraints.	13	26.0	27.1	31.7
Confused or disoriented residents.	38	76.0	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	13	26.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FLANNERY OAKS GUEST HOUSE

Street Address:		City and State:	
1642 N FLANNERY ROAD		BATON ROUGE LA 70815	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	160	PROPRIETARY	03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
148	0	109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	75.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	105	70.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	83	56.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	91.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	129	87.2	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	18.9	32.8	29.3
Completely bedfast residents.	1	0.7	5.6	3.6
Residents confined to chairs.	92	62.2	38.3	39.1
Residents requiring restraints.	25	16.9	27.1	31.7
Confused or disoriented residents.	105	70.9	51.0	55.8
Residents with bed sores.	6	4.1	4.0	4.7
Residents receiving special skin care.	14	9.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF BATON ROUGE

Street Address:		City and State:	
9301 OXFORD PLACE DRIVE		BATON ROUGE LA 70809	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	176	PROPRIETARY	02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
139	0	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	125	89.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	115	82.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	58	41.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	89.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	52.5	56.2	59.1
Residents on individually written bowel and bladder retraining program.	55	39.6	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	41.7	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	41	29.5	38.3	39.1
Residents requiring restraints.	58	41.7	27.1	31.7
Confused or disoriented residents.	58	41.7	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	55	39.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN NURSING CENTER - EAST

Street Address:		City and State:	
4100 NORTH BLVD		BATON ROUGE LA 70806	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	123	PROPRIETARY	03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
82	0	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	65.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	46	56.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	50	61.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	100	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	39.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	12.2	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	43	52.4	38.3	39.1
Residents requiring restraints.	26	31.7	27.1	31.7
Confused or disoriented residents.	15	18.3	51.0	55.8
Residents with bed sores.	5	6.1	4.0	4.7
Residents receiving special skin care.	7	8.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN NURSING CENTER - WEST

Street Address:		City and State:	
170 W WASHINGTON ST		BATON ROUGE LA 70802	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	85	PROPRIETARY	07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	57.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	64.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	20	33.9	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	57.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	33.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	22.0	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	20	33.9	38.3	39.1
Residents requiring restraints.	5	8.5	27.1	31.7
Confused or disoriented residents.	44	74.6	51.0	55.8
Residents with bed sores.	3	5.1	4.0	4.7
Residents receiving special skin care.	5	8.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JEFFERSON MANOR NURSING HOME

Street Address:		City and State:	
9919 JEFFERSON HWY		BATON ROUGE LA 70809	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	122	PROPRIETARY	04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
90	0	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	77.8	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	80	88.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	65	72.2	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	94.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	92.2	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	24.4	32.8	29.3
Completely bedfast residents.	2	2.2	5.6	3.6
Residents confined to chairs.	75	83.3	38.3	39.1
Residents requiring restraints.	40	44.4	27.1	31.7
Confused or disoriented residents.	85	94.4	51.0	55.8
Residents with bed sores.	1	1.1	4.0	4.7
Residents receiving special skin care.	90	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKLEY HOUSE CARE CENTER

Street Address:		City and State:	
4363 CONVENTION STREET		BATON ROUGE LA 70806	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	141	PROPRIETARY	09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
105	0	102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	81.0	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	81.0	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	81.0	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	81.0	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	33.3	40.5	37.7
Completely bedfast residents.	8	7.6	8.4	3.4
Residents confined to chairs.	33	31.4	49.1	50.8
Residents requiring restraints.	10	9.5	29.4	41.3
Confused or disoriented residents.	85	81.0	50.4	58.4
Residents with bed sores.	11	10.5	10.6	7.1
Residents receiving special skin care.	6	5.7	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OUR LADY OF THE LAKE REGIONAL MED CTR

Street Address:		City and State:	
5000 HENNESSY BOULEVARD		BATON ROUGE LA 70809	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	32	NON-PROFIT RELIGIOUS	03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
21	16	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	85.7	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	21	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	18	85.7	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	85.7	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	71.4	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	19.0	40.5	37.7
Completely bedfast residents.	2	9.5	8.4	3.4
Residents confined to chairs.	6	28.6	49.1	50.8
Residents requiring restraints.	1	4.8	29.4	41.3
Confused or disoriented residents.	7	33.3	50.4	58.4
Residents with bed sores.	3	14.3	10.6	7.1
Residents receiving special skin care.	8	38.1	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
QC II NURSING CARE CTR OF BATON ROUGE

Street Address:		City and State:	
7414 SUMRALL DR		BATON ROUGE LA 70812	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	144	PROPRIETARY	06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
90	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	32.2	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	42	46.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	52	57.8	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	46.7	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	46.7	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	46.7	32.8	29.3
Completely bedfast residents.	17	18.9	5.6	3.6
Residents confined to chairs.	35	38.9	38.3	39.1
Residents requiring restraints.	37	41.1	27.1	31.7
Confused or disoriented residents.	37	41.1	51.0	55.8
Residents with bed sores.	7	7.8	4.0	4.7
Residents receiving special skin care.	90	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STERLING PLACE

Street Address:		City and State:	
3888 NORTH BOULEVARD		BATON ROUGE LA 70806	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	58	NON-PROFIT PRIVATE	02/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	96.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	42	73.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	33	57.9	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	82.5	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	47.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	6	10.5	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	24.6	32.8	29.3
Completely bedfast residents.	1	1.8	5.6	3.6
Residents confined to chairs.	11	19.3	38.3	39.1
Residents requiring restraints.	9	15.8	27.1	31.7
Confused or disoriented residents.	15	26.3	51.0	55.8
Residents with bed sores.	2	3.5	4.0	4.7
Residents receiving special skin care.	50	87.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE CARE CENTER

Street Address:	City and State:		
11188 FLORIDA BLVD	BATON ROUGE LA 70815		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	106	PROPRIETARY	04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	0	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	72.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	65	69.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	55	59.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	60.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	60.2	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	26.9	32.8	29.3
Completely bedfast residents.	3	3.2	5.6	3.6
Residents confined to chairs.	33	35.5	38.3	39.1
Residents requiring restraints.	11	11.8	27.1	31.7
Confused or disoriented residents.	20	21.5	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	12	12.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE GUEST HOUSE OF BATON ROUGE

Street Address:		City and State:	
10145 FLORIDA BLVD		BATON ROUGE LA 70815	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	144	NON-PROFIT OTHER	11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
142	0	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	76.8	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	109	76.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	85	59.9	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	77.5	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	63.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	10	7.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	116	81.7	32.8	29.3
Completely bedfast residents.	10	7.0	5.6	3.6
Residents confined to chairs.	15	10.6	38.3	39.1
Residents requiring restraints.	15	10.6	27.1	31.7
Confused or disoriented residents.	27	19.0	51.0	55.8
Residents with bed sores.	50	35.2	4.0	4.7
Residents receiving special skin care.	12	8.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINECREST MANOR NH

Street Address:		City and State:	
101 REEVES ST		BERNICE LA 71222	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	126	PROPRIETARY	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
122	0	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	60.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	86	70.5	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	72	59.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	50.8	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	71.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	46.7	32.8	29.3
Completely bedfast residents.	15	12.3	5.6	3.6
Residents confined to chairs.	40	32.8	38.3	39.1
Residents requiring restraints.	25	20.5	27.1	31.7
Confused or disoriented residents.	43	35.2	51.0	55.8
Residents with bed sores.	5	4.1	4.0	4.7
Residents receiving special skin care.	12	9.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REST HAVEN NH

Street Address:		City and State:	
1301 HARRISON		BOGALUSA LA 70427	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	205	PROPRIETARY	11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
202	0	182

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	119	58.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	160	79.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	112	55.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	63.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	116	57.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	84	41.6	32.8	29.3
Completely bedfast residents.	11	5.4	5.6	3.6
Residents confined to chairs.	112	55.4	38.3	39.1
Residents requiring restraints.	120	59.4	27.1	31.7
Confused or disoriented residents.	96	47.5	51.0	55.8
Residents with bed sores.	14	6.9	4.0	4.7
Residents receiving special skin care.	114	56.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BOSSIER HEALTH CARE CTR

Street Address:	City and State:		
2901 DOUGLAS DR	BOSSIER CITY LA 71111		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	142	PROPRIETARY	08/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
130	0	116

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	80.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	105	80.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	109	83.8	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	86.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	83.8	56.2	59.1
Residents on individually written bowel and bladder retraining program.	5	3.8	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	30.0	32.8	29.3
Completely bedfast residents.	4	3.1	5.6	3.6
Residents confined to chairs.	56	43.1	38.3	39.1
Residents requiring restraints.	24	18.5	27.1	31.7
Confused or disoriented residents.	60	46.2	51.0	55.8
Residents with bed sores.	10	7.7	4.0	4.7
Residents receiving special skin care.	21	16.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BOSSIER MEDICAL CENTER

Street Address:		City and State:	
2105 AIRLINE DRIVE		BOSSIER CITY LA 71111	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	10	LOCAL GOVERNMENT	04/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
1	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	1	100	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	40.5	37.7
Completely bedfast residents.	0	0.0	8.4	3.4
Residents confined to chairs.	0	0.0	49.1	50.8
Residents requiring restraints.	0	0.0	29.4	41.3
Confused or disoriented residents.	0	0.0	50.4	58.4
Residents with bed sores.	0	0.0	10.6	7.1
Residents receiving special skin care.	1	100	29.2	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF BOSSIER CITY

Street Address:		City and State:	
2575 N AIRLINE		BOSSIER CITY LA 71111	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	64	PROPRIETARY	10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
62	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	100	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	56	90.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	36	58.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	19.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	45.2	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	35.5	32.8	29.3
Completely bedfast residents.	9	14.5	5.6	3.6
Residents confined to chairs.	11	17.7	38.3	39.1
Residents requiring restraints.	20	32.3	27.1	31.7
Confused or disoriented residents.	40	64.5	51.0	55.8
Residents with bed sores.	2	3.2	4.0	4.7
Residents receiving special skin care.	1	1.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PILGRAM MANOR OF BOSSIER CITY NORTH

Street Address:		City and State:	
1524 DOCTORS DRIVE		BOSSIER CITY LA 71111	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	179	PROPRIETARY	01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
177	0	142

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	146	82.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	150	84.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	98	55.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	51.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	123	69.5	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	40.7	32.8	29.3
Completely bedfast residents.	4	2.3	5.6	3.6
Residents confined to chairs.	107	60.5	38.3	39.1
Residents requiring restraints.	80	45.2	27.1	31.7
Confused or disoriented residents.	120	67.8	51.0	55.8
Residents with bed sores.	2	1.1	4.0	4.7
Residents receiving special skin care.	8	4.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PILGRIM MANOR OF BOSSIER CITY SOUTH

Street Address:		City and State:	
1525 FULLILOVE DR		BOSSIER CITY LA 71112	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	96	PROPRIETARY	10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
89	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	87.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	73	82.0	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	45	50.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	40.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	43.8	56.2	59.1
Residents on individually written bowel and bladder retraining program.	18	20.2	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	52.8	32.8	29.3
Completely bedfast residents.	1	1.1	5.6	3.6
Residents confined to chairs.	37	41.6	38.3	39.1
Residents requiring restraints.	23	25.8	27.1	31.7
Confused or disoriented residents.	37	41.6	51.0	55.8
Residents with bed sores.	6	6.7	4.0	4.7
Residents receiving special skin care.	12	13.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST AGNES NURSING HOME

Street Address:		City and State:	
LATIOLAIS ROAD BOX 10		BREAUX BRIDGE LA 70517	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	0	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	94.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	81	68.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	66	55.9	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	100	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	39.8	56.2	59.1
Residents on individually written bowel and bladder retraining program.	2	1.7	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	19.5	32.8	29.3
Completely bedfast residents.	1	0.8	5.6	3.6
Residents confined to chairs.	20	16.9	38.3	39.1
Residents requiring restraints.	28	23.7	27.1	31.7
Confused or disoriented residents.	35	29.7	51.0	55.8
Residents with bed sores.	4	3.4	4.0	4.7
Residents receiving special skin care.	35	29.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAYOU VISTA MANOR NH

Street Address:		City and State:	
323 EVERGREEN RD		BUNKIE LA 71322	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	174	PROPRIETARY	05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
170	0	154

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	158	92.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	123	72.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	88	51.8	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	61.8	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	45.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	36	21.2	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	31.2	32.8	29.3
Completely bedfast residents.	13	7.6	5.6	3.6
Residents confined to chairs.	77	45.3	38.3	39.1
Residents requiring restraints.	41	24.1	27.1	31.7
Confused or disoriented residents.	64	37.6	51.0	55.8
Residents with bed sores.	10	5.9	4.0	4.7
Residents receiving special skin care.	8	4.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVANGELINE OAKS GUEST HOUSE

Street Address:		City and State:	
240 ARCENEAUX ROAD		CARENCRO LA 70520	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	152	PROPRIETARY	01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
141	0	105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	64.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	141	100	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	81	57.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	54.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	42.6	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	24.1	32.8	29.3
Completely bedfast residents.	9	6.4	5.6	3.6
Residents confined to chairs.	52	36.9	38.3	39.1
Residents requiring restraints.	33	23.4	27.1	31.7
Confused or disoriented residents.	67	47.5	51.0	55.8
Residents with bed sores.	2	1.4	4.0	4.7
Residents receiving special skin care.	18	12.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK HAVEN NURSING HOME INC

Street Address:		City and State:	
P O BOX 198 HIGHWAY 107		CENTERPOINT LA 71323	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	104	PROPRIETARY	01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
104	0	101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	90.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	94	90.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	51	49.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	47.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	46.2	56.2	59.1
Residents on individually written bowel and bladder retraining program.	18	17.3	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	20.2	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	35	33.7	38.3	39.1
Residents requiring restraints.	10	9.6	27.1	31.7
Confused or disoriented residents.	73	70.2	51.0	55.8
Residents with bed sores.	2	1.9	4.0	4.7
Residents receiving special skin care.	11	10.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ACADIA ST LANDRY GUEST HOME

Street Address:		City and State:	
830 SOUTH BROADWAY STREET		CHURCH POINT LA 70525	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	126	PROPRIETARY	09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
125	0	108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	110	88.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	110	88.0	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	59	47.2	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	81.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	48.8	56.2	59.1
Residents on individually written bowel and bladder retraining program.	8	6.4	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	28.8	32.8	29.3
Completely bedfast residents.	4	3.2	5.6	3.6
Residents confined to chairs.	59	47.2	38.3	39.1
Residents requiring restraints.	30	24.0	27.1	31.7
Confused or disoriented residents.	32	25.6	51.0	55.8
Residents with bed sores.	1	0.8	4.0	4.7
Residents receiving special skin care.	40	32.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRACE NH

Street Address:	City and State:		
HWY 67 DRAWER 945	CLINTON LA 70722		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	128	PROPRIETARY	11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	55.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	77	65.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	61	52.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	58.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	39.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	22.2	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	51	43.6	38.3	39.1
Residents requiring restraints.	33	28.2	27.1	31.7
Confused or disoriented residents.	83	70.9	51.0	55.8
Residents with bed sores.	6	5.1	4.0	4.7
Residents receiving special skin care.	6	5.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRANT MANOR CARE CENTER

Street Address:		City and State:	
WEBB SMITH DR HWY 8		COLFAX LA 71417	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	140	PROPRIETARY	10/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
130	0	119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	90.8	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	117	90.0	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	112	86.2	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	90.8	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	47.7	56.2	59.1
Residents on individually written bowel and bladder retraining program.	29	22.3	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	33.8	32.8	29.3
Completely bedfast residents.	12	9.2	5.6	3.6
Residents confined to chairs.	46	35.4	38.3	39.1
Residents requiring restraints.	25	19.2	27.1	31.7
Confused or disoriented residents.	78	60.0	51.0	55.8
Residents with bed sores.	4	3.1	4.0	4.7
Residents receiving special skin care.	19	14.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLUMBIA HEIGHTS NH

Street Address:		City and State:	
1612 HWY 165 SOUTH		COLUMBIA LA 71418	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	157	PROPRIETARY	02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
153	0	138

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	131	85.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	118	77.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	115	75.2	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	60.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	48.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	18	11.8	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	45.8	32.8	29.3
Completely bedfast residents.	27	17.6	5.6	3.6
Residents confined to chairs.	59	38.6	38.3	39.1
Residents requiring restraints.	25	16.3	27.1	31.7
Confused or disoriented residents.	110	71.9	51.0	55.8
Residents with bed sores.	4	2.6	4.0	4.7
Residents receiving special skin care.	26	17.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SENIOR CITIZENS CENTER

Street Address:		City and State:	
1110 RINGGOLD AVE		COUSHATTA LA 71019	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	83	PROPRIETARY	03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
81	0	4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	86.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	72	88.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	45	55.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	86.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	38.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	25	30.9	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	22.2	32.8	29.3
Completely bedfast residents.	3	3.7	5.6	3.6
Residents confined to chairs.	42	51.9	38.3	39.1
Residents requiring restraints.	15	18.5	27.1	31.7
Confused or disoriented residents.	26	32.1	51.0	55.8
Residents with bed sores.	6	7.4	4.0	4.7
Residents receiving special skin care.	12	14.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPRINGVILLE NURSING CTR INC

Street Address:		City and State:	
2423 SPRINGVILLE RD BOX 469		COUSHATTA LA 71019	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	74	PROPRIETARY	05/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	56.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	43	74.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	35	60.3	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	36.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	50.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	2	3.4	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	29.3	32.8	29.3
Completely bedfast residents.	2	3.4	5.6	3.6
Residents confined to chairs.	23	39.7	38.3	39.1
Residents requiring restraints.	15	25.9	27.1	31.7
Confused or disoriented residents.	48	82.8	51.0	55.8
Residents with bed sores.	1	1.7	4.0	4.7
Residents receiving special skin care.	10	17.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOREST MANOR NH

Street Address:	City and State:		
MADISONVILLE HWY P O BOX 779	COVINGTON LA 70434		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	192	PROPRIETARY	03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
180	0	138

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	172	95.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	158	87.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	114	63.3	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	55.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	56.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	9	5.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	81	45.0	32.8	29.3
Completely bedfast residents.	1	0.6	5.6	3.6
Residents confined to chairs.	115	63.9	38.3	39.1
Residents requiring restraints.	52	28.9	27.1	31.7
Confused or disoriented residents.	131	72.8	51.0	55.8
Residents with bed sores.	6	3.3	4.0	4.7
Residents receiving special skin care.	69	38.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST TAMMANY PARISH HOSPITAL SNF

Street Address:		City and State:	
1202 S TYLER		COVINGTON LA 70433	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	8	NON-PROFIT OTHER	08/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
6	6	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	6	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	6	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	6	100	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	83.3	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	100	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	16.7	40.5	37.7
Completely bedfast residents.	0	0.0	8.4	3.4
Residents confined to chairs.	5	83.3	49.1	50.8
Residents requiring restraints.	0	0.0	29.4	41.3
Confused or disoriented residents.	2	33.3	50.4	58.4
Residents with bed sores.	0	0.0	10.6	7.1
Residents receiving special skin care.	3	50.0	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAYOU VILLAGE NURSING CENTER

Street Address:		City and State:	
1101 S EASTERN AVE		CROWLEY LA 70526	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	102	PROPRIETARY	02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	96.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	73	75.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	64	66.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	66.0	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	55.7	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	35.1	32.8	29.3
Completely bedfast residents.	4	4.1	5.6	3.6
Residents confined to chairs.	54	55.7	38.3	39.1
Residents requiring restraints.	25	25.8	27.1	31.7
Confused or disoriented residents.	63	64.9	51.0	55.8
Residents with bed sores.	6	6.2	4.0	4.7
Residents receiving special skin care.	12	12.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHRISTIAN VILLA

Street Address:	City and State:		
1120 WEST HUTCHINSON AVE	CROWLEY LA 70527		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	73	NON-PROFIT RELIGIOUS	03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
69	0	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	79.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	58	84.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	44	63.8	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	56.5	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	56.5	56.2	59.1
Residents on individually written bowel and bladder retraining program.	6	8.7	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	81.2	32.8	29.3
Completely bedfast residents.	1	1.4	5.6	3.6
Residents confined to chairs.	15	21.7	38.3	39.1
Residents requiring restraints.	16	23.2	27.1	31.7
Confused or disoriented residents.	53	76.8	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	6	8.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CROWLEY GUEST HOUSE

Street Address:		City and State:	
1400 EAST ELM STREET		CROWLEY LA 70526	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	124	PROPRIETARY	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
116	0	103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	73.3	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	92	79.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	72	62.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	54.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	49.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	53.4	32.8	29.3
Completely bedfast residents.	11	9.5	5.6	3.6
Residents confined to chairs.	48	41.4	38.3	39.1
Residents requiring restraints.	42	36.2	27.1	31.7
Confused or disoriented residents.	58	50.0	51.0	55.8
Residents with bed sores.	2	1.7	4.0	4.7
Residents receiving special skin care.	116	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF CROWLEY

Street Address:		City and State:	
1526 N AVE I		CROWLEY LA 70526	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	57	PROPRIETARY	09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
53	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	60.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	36	67.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	60.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	60.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	60.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	60.4	32.8	29.3
Completely bedfast residents.	1	1.9	5.6	3.6
Residents confined to chairs.	1	1.9	38.3	39.1
Residents requiring restraints.	3	5.7	27.1	31.7
Confused or disoriented residents.	11	20.8	51.0	55.8
Residents with bed sores.	1	1.9	4.0	4.7
Residents receiving special skin care.	8	15.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTH LAFOURCHE NURSING CENTER

Street Address:	City and State:		
202 E 28TH STREET	CUT OFF LA 70345		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	126	PROPRIETARY	01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
122	0	103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	88.5	76.7	78.3
Dressing Residents requiring some or total assistance in dressing.	117	95.9	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	104	85.2	63.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	85.2	66.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	83.6	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	32	26.2	32.8	29.3
Completely bedfast residents.	1	0.8	5.6	3.6
Residents confined to chairs.	34	27.9	38.3	39.1
Residents requiring restraints.	38	31.1	27.1	31.7
Confused or disoriented residents.	102	83.6	51.0	55.8
Residents with bed sores.	7	5.7	4.0	4.7
Residents receiving special skin care.	3	2.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENHILL NH

Street Address:		City and State:	
602 NORTH DIVISION		DE QUINCY LA 70633	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	PROPRIETARY	08/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	85.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	68	87.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	65	83.3	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	83.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	56.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	17	21.8	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	32.1	32.8	29.3
Completely bedfast residents.	2	2.6	5.6	3.6
Residents confined to chairs.	29	37.2	38.3	39.1
Residents requiring restraints.	15	19.2	27.1	31.7
Confused or disoriented residents.	55	70.5	51.0	55.8
Residents with bed sores.	4	5.1	4.0	4.7
Residents receiving special skin care.	78	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTWOOD MANOR NURSING HOME

Street Address:		City and State:	
810 HIGH SCHOOL DR		DE RIDDER LA 70634	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	77.3	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	67	69.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	48	49.5	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	100	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	49.5	56.2	59.1
Residents on individually written bowel and bladder retraining program.	30	30.9	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	41.2	32.8	29.3
Completely bedfast residents.	1	1.0	5.6	3.6
Residents confined to chairs.	44	45.4	38.3	39.1
Residents requiring restraints.	44	45.4	27.1	31.7
Confused or disoriented residents.	87	89.7	51.0	55.8
Residents with bed sores.	2	2.1	4.0	4.7
Residents receiving special skin care.	48	49.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RICHLAND NH

Street Address:	City and State:		
504 N CHARTER	DELHI LA 71232		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	87	PROPRIETARY	08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	0	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	100	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	79	92.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	50	58.8	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	48.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	65.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	3	3.5	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	23.5	32.8	29.3
Completely bedfast residents.	13	15.3	5.6	3.6
Residents confined to chairs.	13	15.3	38.3	39.1
Residents requiring restraints.	16	18.8	27.1	31.7
Confused or disoriented residents.	35	41.2	51.0	55.8
Residents with bed sores.	4	4.7	4.0	4.7
Residents receiving special skin care.	7	8.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN AGE NURSING HOME

Street Address:		City and State:	
RT 5 BOX 574 4-H CLUB RD		DENHAM SPRINGS LA 70726	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	175	PROPRIETARY	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
163	0	139

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	124	76.1	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	124	76.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	81	49.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	31.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	49.7	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	27.0	32.8	29.3
Completely bedfast residents.	3	1.8	5.6	3.6
Residents confined to chairs.	63	38.7	38.3	39.1
Residents requiring restraints.	44	27.0	27.1	31.7
Confused or disoriented residents.	107	65.6	51.0	55.8
Residents with bed sores.	4	2.5	4.0	4.7
Residents receiving special skin care.	15	9.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARVEST MANOR NURSING HOME

Street Address:		City and State:	
9171 COCKERHAM ROAD		DENHAM SPRINGS LA 70726	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	178	PROPRIETARY	02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
154	0	139

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	72.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	112	72.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	112	72.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	72.7	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	62.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	96	62.3	32.8	29.3
Completely bedfast residents.	11	7.1	5.6	3.6
Residents confined to chairs.	56	36.4	38.3	39.1
Residents requiring restraints.	43	27.9	27.1	31.7
Confused or disoriented residents.	115	74.7	51.0	55.8
Residents with bed sores.	1	0.6	4.0	4.7
Residents receiving special skin care.	12	7.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEAUREGARD NURSING HOME INC

Street Address:		City and State:	
1420 BLANKENSHIP DRIVE		DERIDDER LA 70634	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	142	PROPRIETARY	04/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
132	0	126

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	77.3	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	77.3	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	102	77.3	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	69.7	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	73.5	66.2	68.2
Residents on individually written bowel and bladder retraining program.	40	30.3	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	102	77.3	40.5	37.7
Completely bedfast residents.	5	3.8	8.4	3.4
Residents confined to chairs.	70	53.0	49.1	50.8
Residents requiring restraints.	70	53.0	29.4	41.3
Confused or disoriented residents.	102	77.3	50.4	58.4
Residents with bed sores.	16	12.1	10.6	7.1
Residents receiving special skin care.	132	100	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVANGELINE OF ORMOND

Street Address:	City and State:		
1940 ORMOND BLVD BOX 1057	DESTRAHAN LA 70047		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	74	PROPRIETARY	04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
1	0	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	40.5	37.7
Completely bedfast residents.	0	0.0	8.4	3.4
Residents confined to chairs.	0	0.0	49.1	50.8
Residents requiring restraints.	0	0.0	29.4	41.3
Confused or disoriented residents.	0	0.0	50.4	58.4
Residents with bed sores.	0	0.0	10.6	7.1
Residents receiving special skin care.	0	0.0	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
D VILLE HOUSE

Street Address:	City and State:		
VATICAN DRIVE PO BOX 688	DONALDSONVILLE LA 70346		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	142	PROPRIETARY	09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
139	0	117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	124	89.2	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	124	89.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	89	64.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	41.7	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	88	63.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	26.6	32.8	29.3
Completely bedfast residents.	2	1.4	5.6	3.6
Residents confined to chairs.	79	56.8	38.3	39.1
Residents requiring restraints.	39	28.1	27.1	31.7
Confused or disoriented residents.	92	66.2	51.0	55.8
Residents with bed sores.	6	4.3	4.0	4.7
Residents receiving special skin care.	5	3.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PREVOST MEMORIAL HOSPITAL

Street Address:		City and State:	
301 MEMORIAL DRIVE		DONALDSONVILLE LA 70346	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	6	NON-PROFIT OTHER	09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
3	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	3	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	3	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	3	100	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	66.7	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	100	40.5	37.7
Completely bedfast residents.	1	33.3	8.4	3.4
Residents confined to chairs.	2	66.7	49.1	50.8
Residents requiring restraints.	0	0.0	29.4	41.3
Confused or disoriented residents.	1	33.3	50.4	58.4
Residents with bed sores.	0	0.0	10.6	7.1
Residents receiving special skin care.	1	33.3	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORRIS LAHASKY NH

Street Address:	City and State:		
501 E CONRAD ST	ERATH LA 70533		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	129	PROPRIETARY	04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
114	0	107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	95.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	104	91.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	109	95.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	95.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	57.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	5	4.4	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	84	73.7	32.8	29.3
Completely bedfast residents.	5	4.4	5.6	3.6
Residents confined to chairs.	20	17.5	38.3	39.1
Residents requiring restraints.	35	30.7	27.1	31.7
Confused or disoriented residents.	109	95.6	51.0	55.8
Residents with bed sores.	3	2.6	4.0	4.7
Residents receiving special skin care.	114	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NURSING HOME OF EUNICE

Street Address:		City and State:	
1100 NILE ST		EUNICE LA 70535	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	189	NON-PROFIT OTHER	03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
177	0	157

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	170	96.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	137	77.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	147	83.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	83.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	152	85.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	152	85.9	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	31.1	32.8	29.3
Completely bedfast residents.	2	1.1	5.6	3.6
Residents confined to chairs.	51	28.8	38.3	39.1
Residents requiring restraints.	51	28.8	27.1	31.7
Confused or disoriented residents.	99	55.9	51.0	55.8
Residents with bed sores.	8	4.5	4.0	4.7
Residents receiving special skin care.	177	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHATEAU D ARBONNE NURSE CARE CENTER

Street Address:	City and State:		
813 N MAIN ST	FARMERVILLE LA 71241		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	138	PROPRIETARY	06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
114	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	72.8	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	85	74.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	63	55.3	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	26.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	39.5	56.2	59.1
Residents on individually written bowel and bladder retraining program.	30	26.3	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	28.1	32.8	29.3
Completely bedfast residents.	21	18.4	5.6	3.6
Residents confined to chairs.	49	43.0	38.3	39.1
Residents requiring restraints.	24	21.1	27.1	31.7
Confused or disoriented residents.	75	65.8	51.0	55.8
Residents with bed sores.	1	0.9	4.0	4.7
Residents receiving special skin care.	19	16.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEVIEW NURSING HOME

Street Address:		City and State:	
110 W HILL ST		FARMERVILLE LA 71241	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	114	PROPRIETARY	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
71	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	93.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	51	71.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	71	100	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	78.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	66.2	56.2	59.1
Residents on individually written bowel and bladder retraining program.	5	7.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	29.6	32.8	29.3
Completely bedfast residents.	3	4.2	5.6	3.6
Residents confined to chairs.	28	39.4	38.3	39.1
Residents requiring restraints.	17	23.9	27.1	31.7
Confused or disoriented residents.	55	77.5	51.0	55.8
Residents with bed sores.	1	1.4	4.0	4.7
Residents receiving special skin care.	9	12.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONCORDIA PARISH REST HOME

Street Address:		City and State:	
411 N 4TH ST		FERRIDAY LA 71334	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	PROPRIETARY	11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	88.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	39	86.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	25	55.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	46.7	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	57.8	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	26.7	32.8	29.3
Completely bedfast residents.	1	2.2	5.6	3.6
Residents confined to chairs.	24	53.3	38.3	39.1
Residents requiring restraints.	15	33.3	27.1	31.7
Confused or disoriented residents.	12	26.7	51.(	55.8
Residents with bed sores.	8	17.8	4.0	4.7
Residents receiving special skin care.	21	46.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF FERRIDAY

Street Address:	City and State:		
110 SERIO BLVD BOX 392	FERRIDAY LA 71334		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
113	0	95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	92.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	94	83.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	78	69.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	64.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	61.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	1	0.9	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	28.3	32.8	29.3
Completely bedfast residents.	21	18.6	5.6	3.6
Residents confined to chairs.	33	29.2	38.3	39.1
Residents requiring restraints.	60	53.1	27.1	31.7
Confused or disoriented residents.	44	38.9	51.0	55.8
Residents with bed sores.	5	4.4	4.0	4.7
Residents receiving special skin care.	11	9.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANKLIN NH

Street Address:	City and State:		
1907 CHINABERRY ST	FRANKLIN LA 70538		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
112	0	99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	87.5	76.7	78.3
Dressing Residents requiring some or total assistance in dressing.	90	80.4	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	72	64.3	63.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	75.0	66.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	50.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	32	28.6	9.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	20.5	32.8	29.3
Completely bedfast residents.	3	2.7	5.6	3.6
Residents confined to chairs.	39	34.8	38.3	39.1
Residents requiring restraints.	14	12.5	27.1	31.7
Confused or disoriented residents.	49	43.8	51.0	55.8
Residents with bed sores.	6	5.4	4.0	4.7
Residents receiving special skin care.	7	6.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF FRANKLINTON

Street Address:	City and State:		
ROUTE 7 BOX 31	FRANKLINTON LA 70438		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	121	PROPRIETARY	04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	0	109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	97.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	81	68.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	69	58.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	73.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	58.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	66	55.5	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	82	68.9	32.8	29.3
Completely bedfast residents.	5	4.2	5.6	3.6
Residents confined to chairs.	66	55.5	38.3	39.1
Residents requiring restraints.	39	32.8	27.1	31.7
Confused or disoriented residents.	79	66.4	51.0	55.8
Residents with bed sores.	6	5.0	4.0	4.7
Residents receiving special skin care.	27	22.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE GOOD SAMARITANS NURSING HOME INC

Street Address:		City and State:	
605 HILLTOP DRIVE		FRANKLINTON LA 70438	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	78	NON-PROFIT RELIGIOUS	03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
64	0	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	75.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	59	92.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	47	73.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	73.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	68.8	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	23.4	32.8	29.3
Completely bedfast residents.	3	4.7	5.6	3.6
Residents confined to chairs.	34	53.1	38.3	39.1
Residents requiring restraints.	10	15.6	27.1	31.7
Confused or disoriented residents.	34	53.1	51.0	55.8
Residents with bed sores.	5	7.8	4.0	4.7
Residents receiving special skin care.	15	23.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ACADIAN NURSING HOME

Street Address:		City and State:	
711 W CORNERVIEW RD		GONZALES LA 70737	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	102	PROPRIETARY	09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	0	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	97.8	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	91	100	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	89	97.8	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	97.8	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	51.6	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	84	92.3	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	20	22.0	38.3	39.1
Residents requiring restraints.	17	18.7	27.1	31.7
Confused or disoriented residents.	91	100	51.0	55.8
Residents with bed sores.	5	5.5	4.0	4.7
Residents receiving special skin care.	91	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMI RIVERVIEW SNF

Street Address:		City and State:	
1125 W HWY 30		GONZALES LA 70737	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	8	PROPRIETARY	04/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
1	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	1	100	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	100	40.5	37.7
Completely bedfast residents.	0	0.0	8.4	3.4
Residents confined to chairs.	1	100	49.1	50.8
Residents requiring restraints.	1	100	29.4	41.3
Confused or disoriented residents.	1	100	50.4	58.4
Residents with bed sores.	1	100	10.6	7.1
Residents receiving special skin care.	1	100	29.2	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF GONZALES

Street Address:	City and State:		
905 CORNERVIEW RD	GONZALES LA 70737		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	124	PROPRIETARY	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
124	0	104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	91.1	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	102	82.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	99	79.8	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	66.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	73.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	1	0.8	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	31.5	32.8	29.3
Completely bedfast residents.	27	21.8	5.6	3.6
Residents confined to chairs.	27	21.8	38.3	39.1
Residents requiring restraints.	51	41.1	27.1	31.7
Confused or disoriented residents.	97	78.2	51.0	55.8
Residents with bed sores.	3	2.4	4.0	4.7
Residents receiving special skin care.	36	29.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST HELENA PARISH NURSING HOME

Street Address:		City and State:	
HWY 43 BOX 700		GREENSBURG LA 70441	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	72	LOCAL GOVERNMENT	04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	17.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	52	82.5	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	50	79.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	61.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	60.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	12	19.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	38.1	32.8	29.3
Completely bedfast residents.	2	3.2	5.6	3.6
Residents confined to chairs.	28	44.4	38.3	39.1
Residents requiring restraints.	19	30.2	27.1	31.7
Confused or disoriented residents.	26	41.3	51.0	55.8
Residents with bed sores.	3	4.8	4.0	4.7
Residents receiving special skin care.	10	15.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWCREST LIVING CENTER

Street Address:		City and State:	
535 COMMERCE STREET		GRETNA LA 70053	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	167	PROPRIETARY	04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
157	0	140

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	65.6	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	120	76.4	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	115	73.2	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	68.2	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	54.1	66.2	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	33.8	40.5	37.7
Completely bedfast residents.	20	12.7	8.4	3.4
Residents confined to chairs.	97	61.8	49.1	50.8
Residents requiring restraints.	49	31.2	29.4	41.3
Confused or disoriented residents.	118	75.2	50.4	58.4
Residents with bed sores.	16	10.2	10.6	7.1
Residents receiving special skin care.	25	15.9	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELLE MAISON NH

Street Address:	City and State:		
301 7TH WARD MEDICAL PLAZA	HAMMOND LA 70401		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	181	PROPRIETARY	08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
177	0	151

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	50.8	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	136	76.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	115	65.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	59.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	88	49.7	56.2	59.1
Residents on individually written bowel and bladder retraining program.	40	22.6	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	27.1	32.8	29.3
Completely bedfast residents.	12	6.8	5.6	3.6
Residents confined to chairs.	115	65.0	38.3	39.1
Residents requiring restraints.	50	28.2	27.1	31.7
Confused or disoriented residents.	102	57.6	51.0	55.8
Residents with bed sores.	17	9.6	4.0	4.7
Residents receiving special skin care.	75	42.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAMMOND NURSING HOME

Street Address:		City and State:	
501 OLD COVINGTON HWY		HAMMOND LA 70401	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	0	105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	85.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	102	85.0	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	102	85.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	85.0	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	63.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	85	70.8	32.8	29.3
Completely bedfast residents.	12	10.0	5.6	3.6
Residents confined to chairs.	57	47.5	38.3	39.1
Residents requiring restraints.	34	28.3	27.1	31.7
Confused or disoriented residents.	49	40.8	51.0	55.8
Residents with bed sores.	4	3.3	4.0	4.7
Residents receiving special skin care.	120	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF HAMMOND

Street Address:		City and State:	
800 S OAK ST		HAMMOND LA 70401	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	108	PROPRIETARY	12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
107	0	90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	69.2	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	80	74.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	67	62.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	60.7	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	56.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	6	5.6	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	28.0	32.8	29.3
Completely bedfast residents.	8	7.5	5.6	3.6
Residents confined to chairs.	30	28.0	38.3	39.1
Residents requiring restraints.	51	47.7	27.1	31.7
Confused or disoriented residents.	52	48.6	51.0	55.8
Residents with bed sores.	2	1.9	4.0	4.7
Residents receiving special skin care.	15	14.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONTELEPRE NURSING CTR

Street Address:		City and State:	
1300 DEREK DR		HAMMOND LA 70403	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	122	PROPRIETARY	01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
92	0	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	73.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	69	75.0	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	66	71.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	70.7	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	73.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	38.0	32.8	29.3
Completely bedfast residents.	5	5.4	5.6	3.6
Residents confined to chairs.	37	40.2	38.3	39.1
Residents requiring restraints.	27	29.3	27.1	31.7
Confused or disoriented residents.	48	52.2	51.0	55.8
Residents with bed sores.	8	8.7	4.0	4.7
Residents receiving special skin care.	8	8.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SEVENTH WARD GENERAL HOPSITAL SKILLED

Street Address:		City and State:	
P O BOX 2668 HWY 51 SOUTH		HAMMOND LA 70404	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	22	NON-PROFIT OTHER	06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
12	12	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	12	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	11	91.7	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	91.7	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	58.3	66.2	68.2
Residents on individually written bowel and bladder retraining program.	1	8.3	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	25.0	40.5	37.7
Completely bedfast residents.	1	8.3	8.4	3.4
Residents confined to chairs.	1	8.3	49.1	50.8
Residents requiring restraints.	1	8.3	29.4	41.3
Confused or disoriented residents.	3	25.0	50.4	58.4
Residents with bed sores.	0	0.0	10.6	7.1
Residents receiving special skin care.	4	33.3	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARRISONBURG NURSING HOME

Street Address:		City and State:	
SICILY ST DRAWER H		HARRISONBURG LA 71340	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	104	PROPRIETARY	03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
102	0	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	62.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	84	82.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	62	60.8	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	78.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	52.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	6	5.9	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	21.6	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	40	39.2	38.3	39.1
Residents requiring restraints.	27	26.5	27.1	31.7
Confused or disoriented residents.	33	32.4	51.0	55.8
Residents with bed sores.	3	2.9	4.0	4.7
Residents receiving special skin care.	0	0.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ACADIAN OAKS LIVING CENTER

Street Address:	City and State:		
1020 MANHATTAN BLVD	HARVEY LA 70058		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	104	PROPRIETARY	08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	0	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	61.7	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	65	69.1	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	67.0	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	70.2	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	66.0	66.2	68.2
Residents on individually written bowel and bladder retraining program.	16	17.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	26.6	40.5	37.7
Completely bedfast residents.	15	16.0	8.4	3.4
Residents confined to chairs.	34	36.2	49.1	50.8
Residents requiring restraints.	11	11.7	29.4	41.3
Confused or disoriented residents.	40	42.6	50.4	58.4
Residents with bed sores.	11	11.7	10.6	7.1
Residents receiving special skin care.	10	10.6	29.2	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANHATTAN MANOR GUEST HOUSE

Street Address:	City and State:		
2233 8TH ST	HARVEY LA 70058		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	22.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	88	90.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	85	87.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	47.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	49.5	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	23.7	32.8	29.3
Completely bedfast residents.	2	2.1	5.6	3.6
Residents confined to chairs.	68	70.1	38.3	39.1
Residents requiring restraints.	36	37.1	27.1	31.7
Confused or disoriented residents.	63	64.9	51.0	55.8
Residents with bed sores.	10	10.3	4.0	4.7
Residents receiving special skin care.	18	18.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE NURSING CENTER

Street Address:		City and State:	
114 BAILEY ST		HAYNESVILLE LA 71038	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	38	PROPRIETARY	11/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
35	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	42.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	27	77.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	18	51.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	48.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	54.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	31.4	32.8	29.3
Completely bedfast residents.	4	11.4	5.6	3.6
Residents confined to chairs.	1	2.9	38.3	39.1
Residents requiring restraints.	6	17.1	27.1	31.7
Confused or disoriented residents.	11	31.4	51.0	55.8
Residents with bed sores.	3	8.6	4.0	4.7
Residents receiving special skin care.	4	11.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HESSMER NURSING HOME

Street Address:		City and State:	
ROUTE 1 BOX 61		HESSMER LA 71341	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	92	PROPRIETARY	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
86	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	69.8	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	49	57.0	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	48	55.8	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	25.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	55.8	56.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.2	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	26.7	32.8	29.3
Completely bedfast residents.	3	3.5	5.6	3.6
Residents confined to chairs.	33	38.4	38.3	39.1
Residents requiring restraints.	24	27.9	27.1	31.7
Confused or disoriented residents.	36	41.9	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	6	7.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIR OAKS NURSING HOME

Street Address:		City and State:	
P O BOX 32		HINESTON LA 71438	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	66	PROPRIETARY	11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
65	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	86.2	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	46	70.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	33	50.8	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	61.5	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	40.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	2	3.1	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	29.2	32.8	29.3
Completely bedfast residents.	1	1.5	5.6	3.6
Residents confined to chairs.	37	56.9	38.3	39.1
Residents requiring restraints.	20	30.8	27.1	31.7
Confused or disoriented residents.	43	66.2	51.0	55.8
Residents with bed sores.	4	6.2	4.0	4.7
Residents receiving special skin care.	12	18.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLAIBORNE MANOR NURSING HOME INC

Street Address:		City and State:	
HWY 79N BOX 307		HOMER LA 71040	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	138	PROPRIETARY	10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
109	0	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	58.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	79	72.5	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	81	74.3	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	49.5	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	51.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	17	15.6	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	20.2	32.8	29.3
Completely bedfast residents.	11	10.1	5.6	3.6
Residents confined to chairs.	37	33.9	38.3	39.1
Residents requiring restraints.	20	18.3	27.1	31.7
Confused or disoriented residents.	18	16.5	51.0	55.8
Residents with bed sores.	4	3.7	4.0	4.7
Residents receiving special skin care.	3	2.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRESBYTERIAN VILLAGE OF HOMER

Street Address:		City and State:	
MINDEN RD BOX 149		HOMER LA 71040	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	79	NON-PROFIT RELIGIOUS	08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
75	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	80.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	65	86.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	50	66.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	68.0	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	68.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.3	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	37.3	32.8	29.3
Completely bedfast residents.	3	4.0	5.6	3.6
Residents confined to chairs.	38	50.7	38.3	39.1
Residents requiring restraints.	20	26.7	27.1	31.7
Confused or disoriented residents.	54	72.0	51.0	55.8
Residents with bed sores.	3	4.0	4.0	4.7
Residents receiving special skin care.	21	28.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVANGELINE VILLAGE NURSING HOME

Street Address:		City and State:	
400 MONARCH DRIVE		HOUMA LA 70360	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	1	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	94.0	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	86.0	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	94.0	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	94.0	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	52.0	66.2	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	42.0	40.5	37.7
Completely bedfast residents.	9	18.0	8.4	3.4
Residents confined to chairs.	20	40.0	49.1	50.8
Residents requiring restraints.	4	8.0	29.4	41.3
Confused or disoriented residents.	26	52.0	50.4	58.4
Residents with bed sores.	9	18.0	10.6	7.1
Residents receiving special skin care.	15	30.0	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF HOUMA

Street Address:	City and State:		
1701 POLK STREET	HOUMA LA 70360		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	0	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	114	96.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	114	96.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	111	94.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	60.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	71.2	56.2	59.1
Residents on individually written bowel and bladder retraining program.	1	0.8	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	26.3	32.8	29.3
Completely bedfast residents.	41	34.7	5.6	3.6
Residents confined to chairs.	21	17.8	38.3	39.1
Residents requiring restraints.	34	28.8	27.1	31.7
Confused or disoriented residents.	47	39.8	51.0	55.8
Residents with bed sores.	2	1.7	4.0	4.7
Residents receiving special skin care.	19	16.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOUMA HEALTH CARE

Street Address:		City and State:	
107 S HOLLYWOOD RD		HOUMA LA 70360	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	105	PROPRIETARY	02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
82	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	41.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	36	43.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	33	40.2	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	36.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	36.6	56.2	59.1
Residents on individually written bowel and bladder retraining program.	32	39.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	15.9	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	18	22.0	38.3	39.1
Residents requiring restraints.	11	13.4	27.1	31.7
Confused or disoriented residents.	30	36.6	51.0	55.8
Residents with bed sores.	3	3.7	4.0	4.7
Residents receiving special skin care.	3	3.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHDOWN CARE CENTER

Street Address:		City and State:	
1395 W TUNNEL BOULEVARD		HOUMA LA 70360	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	198	PROPRIETARY	09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	0	111

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	92.5	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	70.8	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	67.5	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	86.7	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	46.7	66.2	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	58.3	40.5	37.7
Completely bedfast residents.	27	22.5	8.4	3.4
Residents confined to chairs.	63	52.5	49.1	50.8
Residents requiring restraints.	57	47.5	29.4	41.3
Confused or disoriented residents.	32	26.7	50.4	58.4
Residents with bed sores.	14	11.7	10.6	7.1
Residents receiving special skin care.	4	3.3	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TERREBONNE GENERAL MEDICAL CENTER

Street Address:		City and State:	
936 EAST MAIN STREET		HOUMA LA 70360	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	16	NON-PROFIT OTHER	05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
6	6	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	6	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	6	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	6	100	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	100	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	83.3	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	50.0	40.5	37.7
Completely bedfast residents.	2	33.3	8.4	3.4
Residents confined to chairs.	2	33.3	49.1	50.8
Residents requiring restraints.	0	0.0	29.4	41.3
Confused or disoriented residents.	2	33.3	50.4	58.4
Residents with bed sores.	1	16.7	10.6	7.1
Residents receiving special skin care.	4	66.7	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA FELICIANA CRC DIS HOSP & REHAB

Street Address:		City and State:	
P O BOX 438		JACKSON LA 70748	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	546	STATE GOVERNMENT	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
348	0	328

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	315	90.5	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	304	87.4	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	245	70.4	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	188	54.0	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	221	63.5	66.2	68.2
Residents on individually written bowel and bladder retraining program.	8	2.3	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	175	50.3	40.5	37.7
Completely bedfast residents.	3	0.9	8.4	3.4
Residents confined to chairs.	160	46.0	49.1	50.8
Residents requiring restraints.	38	10.9	29.4	41.3
Confused or disoriented residents.	26	7.5	50.4	58.4
Residents with bed sores.	37	10.6	10.6	7.1
Residents receiving special skin care.	141	40.5	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAISON TECHE NUSRING CENTER

Street Address:		City and State:	
P. O. BOX 960, HWY. 182 WEST		JEANERETTE, LA 70544	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	06/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
1	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	1	100	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	1	100	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	56.2	59.1
Residents on individually written bowel and bladder retraining program.	1	100	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	100	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	1	100	38.3	39.1
Residents requiring restraints.	0	0.0	27.1	31.7
Confused or disoriented residents.	0	0.0	51.0	55.8
Residents with bed sores.	1	100	4.0	4.7
Residents receiving special skin care.	1	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JEFFERSON HEALTHCARE CTR

Street Address:		City and State:	
2200 JEFFERSON HWY		JEFFERSON LA 70121	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	288	PROPRIETARY	01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
250	0	219

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	176	70.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	174	69.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	145	58.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	163	65.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	146	58.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	9	3.6	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	22.4	32.8	29.3
Completely bedfast residents.	5	2.0	5.6	3.6
Residents confined to chairs.	131	52.4	38.3	39.1
Residents requiring restraints.	58	23.2	27.1	31.7
Confused or disoriented residents.	144	57.6	51.0	55.8
Residents with bed sores.	16	6.4	4.0	4.7
Residents receiving special skin care.	127	50.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN AGE NURSING CENTER

Street Address:	City and State:		
AIMWELL RD BOX 8200	JENA LA 71342		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	88	PROPRIETARY	03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
87	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	54.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	46	52.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	46	52.9	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	58.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	29.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	2	2.3	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	31.0	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	40	46.0	38.3	39.1
Residents requiring restraints.	11	12.6	27.1	31.7
Confused or disoriented residents.	42	48.3	51.0	55.8
Residents with bed sores.	7	8.0	4.0	4.7
Residents receiving special skin care.	16	18.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LASALLE GENERAL HOSPITAL SNF

Street Address:	City and State:		
HIGHWAY 84 WEST P O BOX 1388	JENA LA 71342		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	18	NON-PROFIT OTHER	10/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
5	5	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	3	60.0	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	3	60.0	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	3	60.0	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	60.0	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	3	60.0	66.2	68.2
Residents on individually written bowel and bladder retraining program.	1	20.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	60.0	40.5	37.7
Completely bedfast residents.	3	60.0	8.4	3.4
Residents confined to chairs.	0	0.0	49.1	50.8
Residents requiring restraints.	1	20.0	29.4	41.3
Confused or disoriented residents.	3	60.0	50.4	58.4
Residents with bed sores.	2	40.0	10.6	7.1
Residents receiving special skin care.	3	60.0	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LASALLE NURSING HOME INC

Street Address:		City and State:	
P O DRAWER 1510 HWY 84 WEST		JENA LA 71342	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	133	NON-PROFIT OTHER	03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
132	0	110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	98.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	132	100	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	92	69.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	69.7	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	132	100	56.2	59.1
Residents on individually written bowel and bladder retraining program.	4	3.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	77	58.3	32.8	29.3
Completely bedfast residents.	26	19.7	5.6	3.6
Residents confined to chairs.	44	33.3	38.3	39.1
Residents requiring restraints.	30	22.7	27.1	31.7
Confused or disoriented residents.	121	91.7	51.0	55.8
Residents with bed sores.	9	6.8	4.0	4.7
Residents receiving special skin care.	70	53.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JEFFERSON DAVIS NURS HME

Street Address:	City and State:		
1338 NORTH CUTTING AVE	JENNINGS LA 70546		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	135	PROPRIETARY	02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
128	0	128

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	3.9	76.7	78.3
Dressing Residents requiring some or total assistance in dressing.	113	88.3	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	119	93.0	63.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	88.3	66.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	113	88.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	8	6.3	9.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	103	80.5	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	61	47.7	38.3	39.1
Residents requiring restraints.	61	47.7	27.1	31.7
Confused or disoriented residents.	58	45.3	51.0	55.8
Residents with bed sores.	5	3.9	4.0	4.7
Residents receiving special skin care.	128	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JENNINGS AMERICAN LEGION HOSPITAL

Street Address:	City and State:		
ELTON HIGHWAY P O BOX 1027	JENNINGS LA 70546		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	4	NON-PROFIT OTHER	05/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
1	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	1	100	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	100	40.5	37.7
Completely bedfast residents.	1	100	8.4	3.4
Residents confined to chairs.	0	0.0	49.1	50.8
Residents requiring restraints.	0	0.0	29.4	41.3
Confused or disoriented residents.	0	0.0	50.4	58.4
Residents with bed sores.	0	0.0	10.6	7.1
Residents receiving special skin care.	1	100	29.2	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JENNINGS GUEST HOUSE

Street Address:		City and State:	
203 S LOUISE		JENNINGS LA 70546	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	152	PROPRIETARY	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
144	0	127

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	120	83.3	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	119	82.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	85	59.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	49.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	42.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	25.7	32.8	29.3
Completely bedfast residents.	2	1.4	5.6	3.6
Residents confined to chairs.	56	38.9	38.3	39.1
Residents requiring restraints.	51	35.4	27.1	31.7
Confused or disoriented residents.	62	43.1	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	14	9.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARTER NH

Street Address:		City and State:	
503 W MAIN ST		JONESBORO LA 71251	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	PROPRIETARY	01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
51	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	90.2	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	32	62.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	23	45.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	45.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	37.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	22	43.1	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	21.6	32.8	29.3
Completely bedfast residents.	51	100	5.6	3.6
Residents confined to chairs.	17	33.3	38.3	39.1
Residents requiring restraints.	6	11.8	27.1	31.7
Confused or disoriented residents.	48	94.1	51.0	55.8
Residents with bed sores.	1	2.0	4.0	4.7
Residents receiving special skin care.	2	3.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JACKSON MANOR NH

Street Address:		City and State:	
BOX 669 HWY 167 SOUTH		JONESBORO LA 71251	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	84	PROPRIETARY	07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
82	0	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	59.8	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	64	78.0	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	44	53.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	100	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	52.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	24.4	32.8	29.3
Completely bedfast residents.	5	6.1	5.6	3.6
Residents confined to chairs.	33	40.2	38.3	39.1
Residents requiring restraints.	11	13.4	27.1	31.7
Confused or disoriented residents.	37	45.1	51.0	55.8
Residents with bed sores.	1	1.2	4.0	4.7
Residents receiving special skin care.	6	7.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WYATT MANOR NH

Street Address:		City and State:	
RT 3 BOX 200		JONESBORO LA 71251	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	62	PROPRIETARY	12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	67.3	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	19	34.5	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	7	12.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	9.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	20.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	10	18.2	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	14.5	32.8	29.3
Completely bedfast residents.	1	1.8	5.6	3.6
Residents confined to chairs.	3	5.5	38.3	39.1
Residents requiring restraints.	3	5.5	27.1	31.7
Confused or disoriented residents.	50	90.9	51.0	55.8
Residents with bed sores.	3	5.5	4.0	4.7
Residents receiving special skin care.	7	12.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOMAGE MANOR NH

Street Address:		City and State:	
300 NASIF ST		JONESVILLE LA 71343	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	54	PROPRIETARY	05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
42	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	95.2	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	39	92.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	76.2	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	76.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	64.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	100	32.8	29.3
Completely bedfast residents.	5	11.9	5.6	3.6
Residents confined to chairs.	19	45.2	38.3	39.1
Residents requiring restraints.	13	31.0	27.1	31.7
Confused or disoriented residents.	27	64.3	51.0	55.8
Residents with bed sores.	2	4.8	4.0	4.7
Residents receiving special skin care.	9	21.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF KAPLAN INC

Street Address:	City and State:		
1300 W 8TH ST	KAPLAN LA 70548		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	0	101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	95.8	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	103	87.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	103	87.3	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	73.7	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	51.7	56.2	59.1
Residents on individually written bowel and bladder retraining program.	4	3.4	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	53.4	32.8	29.3
Completely bedfast residents.	59	50.0	5.6	3.6
Residents confined to chairs.	10	8.5	38.3	39.1
Residents requiring restraints.	54	45.8	27.1	31.7
Confused or disoriented residents.	70	59.3	51.0	55.8
Residents with bed sores.	6	5.1	4.0	4.7
Residents receiving special skin care.	27	22.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VERMILION HEALTH CARE CTR

Street Address:		City and State:	
ROUTE 2 BOX 100		KAPLAN LA 70548	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
116	0	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	87.1	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	76	65.5	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	64	55.2	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	100	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	48.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	29.3	32.8	29.3
Completely bedfast residents.	14	12.1	5.6	3.6
Residents confined to chairs.	43	37.1	38.3	39.1
Residents requiring restraints.	26	22.4	27.1	31.7
Confused or disoriented residents.	40	34.5	51.0	55.8
Residents with bed sores.	3	2.6	4.0	4.7
Residents receiving special skin care.	43	37.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHATEAU LIVING CENTER

Street Address:		City and State:	
716 VILLAGE ROAD		KENNER LA 70065	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	300	PROPRIETARY	09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
267	0	154

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	217	81.3	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	260	97.4	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	260	97.4	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	203	76.0	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	226	84.6	66.2	68.2
Residents on individually written bowel and bladder retraining program.	1	0.4	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	26.2	40.5	37.7
Completely bedfast residents.	5	1.9	8.4	3.4
Residents confined to chairs.	156	58.4	49.1	50.8
Residents requiring restraints.	82	30.7	29.4	41.3
Confused or disoriented residents.	146	54.7	50.4	58.4
Residents with bed sores.	9	3.4	10.6	7.1
Residents receiving special skin care.	161	60.3	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WALDON HEALTH CARE CENTER

Street Address:		City and State:	
2401 IDAHO STREET		KENNER LA 70062	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	205	PROPRIETARY	04/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
194	0	157

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	194	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	157	80.9	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	132	68.0	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	194	100	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	111	57.2	66.2	68.2
Residents on individually written bowel and bladder retraining program.	6	3.1	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	78	40.2	40.5	37.7
Completely bedfast residents.	2	1.0	8.4	3.4
Residents confined to chairs.	112	57.7	49.1	50.8
Residents requiring restraints.	82	42.3	29.4	41.3
Confused or disoriented residents.	166	85.6	50.4	58.4
Residents with bed sores.	22	11.3	10.6	7.1
Residents receiving special skin care.	78	40.2	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KENTWOOD MANOR NH

Street Address:		City and State:	
P O BOX 67		KENTWOOD LA 70444	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	134	PROPRIETARY	07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
115	0	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	87.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	67	58.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	65	56.5	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	52.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	56.5	56.2	59.1
Residents on individually written bowel and bladder retraining program.	24	20.9	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	24.3	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	59	51.3	38.3	39.1
Residents requiring restraints.	37	32.2	27.1	31.7
Confused or disoriented residents.	48	41.7	51.0	55.8
Residents with bed sores.	2	1.7	4.0	4.7
Residents receiving special skin care.	115	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KINDER NH

Street Address:	City and State:		
HWY 165 N BOX 1270	KINDER LA 70648		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	95.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	91	93.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	77	79.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	89.7	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	71.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	15	15.5	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	66.0	32.8	29.3
Completely bedfast residents.	1	1.0	5.6	3.6
Residents confined to chairs.	65	67.0	38.3	39.1
Residents requiring restraints.	65	67.0	27.1	31.7
Confused or disoriented residents.	70	72.2	51.0	55.8
Residents with bed sores.	2	2.1	4.0	4.7
Residents receiving special skin care.	95	97.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TWIN OAKS NURSING CONVALESCENT HOME

Street Address:	City and State:		
1881 W 5TH ST	LA PLACE LA 70068		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	198	PROPRIETARY	06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
140	0	116

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	83.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	106	75.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	93	66.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	67.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	60.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	36.4	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	89	63.6	38.3	39.1
Residents requiring restraints.	61	43.6	27.1	31.7
Confused or disoriented residents.	93	66.4	51.0	55.8
Residents with bed sores.	6	4.3	4.0	4.7
Residents receiving special skin care.	7	5.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LACOMBE NH

Street Address:		City and State:	
DAVIS RD BOX 6		LACOMBE LA 70445	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	98	PROPRIETARY	04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
83	0	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	74.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	69	83.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	38.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	27.7	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	37.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	3	3.6	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	13.3	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	14	16.9	38.3	39.1
Residents requiring restraints.	17	20.5	27.1	31.7
Confused or disoriented residents.	76	91.6	51.0	55.8
Residents with bed sores.	2	2.4	4.0	4.7
Residents receiving special skin care.	13	15.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ACADIANA NH

Street Address:		City and State:	
408 S E EVANGELINE THRUWAY		LAFAYETTE LA 70501	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	92	PROPRIETARY	03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
68	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	64.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	44	64.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	55.9	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	45.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	48.5	56.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.5	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	25.0	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	22	32.4	38.3	39.1
Residents requiring restraints.	13	19.1	27.1	31.7
Confused or disoriented residents.	23	33.8	51.0	55.8
Residents with bed sores.	4	5.9	4.0	4.7
Residents receiving special skin care.	14	20.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMELIA MANOR NURSING HOME

Street Address:		City and State:	
903 CENTER ST		LAFAYETTE LA 70501	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	151	PROPRIETARY	10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
133	0	124

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	75.2	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	103	77.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	103	77.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	48.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	35.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	16.5	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	51	38.3	38.3	39.1
Residents requiring restraints.	52	39.1	27.1	31.7
Confused or disoriented residents.	39	29.3	51.0	55.8
Residents with bed sores.	1	0.8	4.0	4.7
Residents receiving special skin care.	30	22.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF LAFAYETTE

Street Address:	City and State:		
325 BACQUE CRESCENT DRIVE	LAFAYETTE LA 70501		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	PROPRIETARY	10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	100	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	50	83.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	50	83.3	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	83.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	41.7	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	35.0	32.8	29.3
Completely bedfast residents.	17	28.3	5.6	3.6
Residents confined to chairs.	10	16.7	38.3	39.1
Residents requiring restraints.	47	78.3	27.1	31.7
Confused or disoriented residents.	50	83.3	51.0	55.8
Residents with bed sores.	3	5.0	4.0	4.7
Residents receiving special skin care.	5	8.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LADY OF THE OAKS NURSING HOME

Street Address:		City and State:	
1005 LANDRY ROAD		LAFAYETTE LA 70503	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	101	PROPRIETARY	01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
88	0	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	100	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	88	100	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	43.2	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	79.5	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	27.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	20	22.7	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	17.0	32.8	29.3
Completely bedfast residents.	4	4.5	5.6	3.6
Residents confined to chairs.	15	17.0	38.3	39.1
Residents requiring restraints.	6	6.8	27.1	31.7
Confused or disoriented residents.	22	25.0	51.0	55.8
Residents with bed sores.	3	3.4	4.0	4.7
Residents receiving special skin care.	88	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAFAYETTE GENERAL MEDICAL CENTER SNF

Street Address:		City and State:	
1214 COOLIDGE AVE		LAFAYETTE LA 70503	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	12	NON-PROFIT PRIVATE	04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
4	4	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	4	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	4	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	4	100	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	100	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	100	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	100	40.5	37.7
Completely bedfast residents.	0	0.0	8.4	3.4
Residents confined to chairs.	2	50.0	49.1	50.8
Residents requiring restraints.	0	0.0	29.4	41.3
Confused or disoriented residents.	0	0.0	50.4	58.4
Residents with bed sores.	2	50.0	10.6	7.1
Residents receiving special skin care.	3	75.0	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	10[illegible]	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAFAYETTE GUEST HOUSE-EAST

Street Address:	City and State:		
811 MARTIN LUTHER KING JR DRIVE	LAFAYETTE LA 70501		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	130	PROPRIETARY	12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
71	0	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	66.2	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	65	91.5	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	59	83.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	83.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	64.8	56.2	59.1
Residents on individually written bowel and bladder retraining program.	4	5.6	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	21.1	32.8	29.3
Completely bedfast residents.	1	1.4	5.6	3.6
Residents confined to chairs.	40	56.3	38.3	39.1
Residents requiring restraints.	43	60.6	27.1	31.7
Confused or disoriented residents.	20	28.2	51.0	55.8
Residents with bed sores.	1	1.4	4.0	4.7
Residents receiving special skin care.	9	12.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAFAYETTE GUEST HOUSE-WEST

Street Address:		City and State:	
809 MARTIN LUTHER KING JR DR		LAFAYETTE LA 70501	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	206	PROPRIETARY	07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
133	0	127

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	114	85.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	109	82.0	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	96	72.2	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	46.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	57.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	11	8.3	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	20.3	32.8	29.3
Completely bedfast residents.	2	1.5	5.6	3.6
Residents confined to chairs.	53	39.8	38.3	39.1
Residents requiring restraints.	37	27.8	27.1	31.7
Confused or disoriented residents.	89	66.9	51.0	55.8
Residents with bed sores.	3	2.3	4.0	4.7
Residents receiving special skin care.	33	24.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKWOOD VILLAGE NURSE CARE CENTER

Street Address:		City and State:	
2500 E SIMCOE ST		LAFAYETTE LA 70501	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	160	PROPRIETARY	09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
157	0	132

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	128	81.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	121	77.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	75	47.8	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	47.8	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	38.2	56.2	59.1
Residents on individually written bowel and bladder retraining program.	13	8.3	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	19.1	32.8	29.3
Completely bedfast residents.	3	1.9	5.6	3.6
Residents confined to chairs.	44	28.0	38.3	39.1
Residents requiring restraints.	44	28.0	27.1	31.7
Confused or disoriented residents.	42	26.8	51.0	55.8
Residents with bed sores.	3	1.9	4.0	4.7
Residents receiving special skin care.	34	21.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OUR LADY OF LOURDES REG MED CTR SNF

Street Address:		City and State:	
611 ST LANDRY STREET		LAFAYETTE LA 70506	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	25	NON-PROFIT RELIGIOUS	06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
5	5	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	5	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	5	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	5	100	75.2	73.8
Transferring				
• Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	80.0	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	100	40.5	37.7
Completely bedfast residents.	2	40.0	8.4	3.4
Residents confined to chairs.	3	60.0	49.1	50.8
Residents requiring restraints.	0	0.0	29.4	41.3
Confused or disoriented residents.	2	40.0	50.4	58.4
Residents with bed sores.	2	40.0	10.6	7.1
Residents receiving special skin care.	5	100	29.2	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKE CHARLES CARE CTR

Street Address:		City and State:	
2701 ERNEST		LAKE CHARLES LA 70601	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	136	PROPRIETARY	09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
133	0	114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	85.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	125	94.0	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	113	85.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	82.7	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	42.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	54.1	32.8	29.3
Completely bedfast residents.	2	1.5	5.6	3.6
Residents confined to chairs.	62	46.6	38.3	39.1
Residents requiring restraints.	30	22.6	27.1	31.7
Confused or disoriented residents.	72	54.1	51.0	55.8
Residents with bed sores.	1	0.8	4.0	4.7
Residents receiving special skin care.	1	0.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARTIN DE PORRES NH INC

Street Address:		City and State:	
200 TEAL ST		LAKE CHARLES LA 70601	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	249	PROPRIETARY	05/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
246	0	198

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	15.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	106	43.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	225	91.5	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	229	93.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	246	100	56.2	59.1
Residents on individually written bowel and bladder retraining program.	50	20.3	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	246	100	32.8	29.3
Completely bedfast residents.	24	9.8	5.6	3.6
Residents confined to chairs.	2	0.8	38.3	39.1
Residents requiring restraints.	246	100	27.1	31.7
Confused or disoriented residents.	9	3.7	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	0	0.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOSS BLUFF MANOR INC

Street Address:		City and State:	
ROUTE 1 BOX 1310		LAKE CHARLES LA 70601	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	92	PROPRIETARY	02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
65	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	40.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	41	63.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	34	52.3	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	64.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	36.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	8	12.3	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	30.8	32.8	29.3
Completely bedfast residents.	3	4.6	5.6	3.6
Residents confined to chairs.	31	47.7	38.3	39.1
Residents requiring restraints.	65	100	27.1	31.7
Confused or disoriented residents.	4	6.2	51.0	55.8
Residents with bed sores.	6	9.2	4.0	4.7
Residents receiving special skin care.	65	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK PARK CARE CENTER

Street Address:		City and State:	
2717 1ST AVE		LAKE CHARLES LA 70601	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	177	NON-PROFIT RELIGIOUS	08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
167	0	151

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	161	96.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	145	86.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	117	70.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	65.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	61.7	56.2	59.1
Residents on individually written bowel and bladder retraining program.	16	9.6	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	33.5	32.8	29.3
Completely bedfast residents.	3	1.8	5.6	3.6
Residents confined to chairs.	57	34.1	38.3	39.1
Residents requiring restraints.	46	27.5	27.1	31.7
Confused or disoriented residents.	120	71.9	51.0	55.8
Residents with bed sores.	11	6.6	4.0	4.7
Residents receiving special skin care.	15	9.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REST HAVEN NURSING CENTER

Street Address:		City and State:	
4532 SALE LANE		LAKE CHARLES LA 70605	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	160	PROPRIETARY	01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
148	0	120

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	138	93.2	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	148	100	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	118	79.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	79.7	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	56.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	10	6.8	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	39.2	32.8	29.3
Completely bedfast residents.	1	0.7	5.6	3.6
Residents confined to chairs.	40	27.0	38.3	39.1
Residents requiring restraints.	10	6.8	27.1	31.7
Confused or disoriented residents.	60	40.5	51.0	55.8
Residents with bed sores.	2	1.4	4.0	4.7
Residents receiving special skin care.	2	1.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSEWOOD NURSING CENTER

Street Address:		City and State:	
534 15TH STREET		LAKE CHARLES LA 70601	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	129	PROPRIETARY	05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	0	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	74.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	87	74.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	92	78.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	74.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	82.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	64	54.7	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	97	82.9	32.8	29.3
Completely bedfast residents.	5	4.3	5.6	3.6
Residents confined to chairs.	25	21.4	38.3	39.1
Residents requiring restraints.	40	34.2	27.1	31.7
Confused or disoriented residents.	111	94.9	51.0	55.8
Residents with bed sores.	11	9.4	4.0	4.7
Residents receiving special skin care.	117	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAST CARROLL CARE CENTER INC

Street Address:	City and State:		
HIGHWAY 65 NORTH BOX 749	LAKE PROVIDENCE LA 71254		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	122	PROPRIETARY	03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
106	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	99.1	76.7	78.3
Dressing Residents requiring some or total assistance in dressing.	106	100	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	54	50.9	63.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	51.9	66.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	67.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	54	50.9	32.8	29.3
Completely bedfast residents.	11	10.4	5.6	[illegible]
Residents confined to chairs.	47	44.3	38.3	39.1
Residents requiring restraints.	13	12.3	27.1	31.7
Confused or disoriented residents.	35	33.0	51.0	55.8
Residents with bed sores.	11	10.4	4.0	4.7
Residents receiving special skin care.	12	11.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHADY LAKE NH

Street Address:		City and State:	
MILL ST BOX 426		LAKE PROVIDENCE LA 71254	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	0	92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	83.3	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	80	83.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	80	83.3	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	83.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	41.7	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	25.0	32.8	29.3
Completely bedfast residents.	3	3.1	5.6	3.6
Residents confined to chairs.	34	35.4	38.3	39.1
Residents requiring restraints.	16	16.7	27.1	31.7
Confused or disoriented residents.	58	60.4	51.0	55.8
Residents with bed sores.	1	1.0	4.0	4.7
Residents receiving special skin care.	4	4.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KURTHWOOD MANOR NURS CENTER

Street Address:		City and State:	
KURTHWOOD RD P O BOX 270		LEESVILLE LA 71446	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	142	PROPRIETARY	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
134	0	123

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	87.3	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	115	85.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	78	58.2	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	53.0	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	75.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	22	16.4	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	48.5	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	61	45.5	38.3	39.1
Residents requiring restraints.	27	20.1	27.1	31.7
Confused or disoriented residents.	60	44.8	51.0	55.8
Residents with bed sores.	12	9.0	4.0	4.7
Residents receiving special skin care.	35	26.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE HAVEN NURSING HOME INC

Street Address:		City and State:	
ROUTE 2 BOX 145 HAWKS ROAD		LEESVILLE LA 71446	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	40	PROPRIETARY	05/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
38	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	92.1	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	35	92.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	21	55.3	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	65.8	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	68.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	44.7	32.8	29.3
Completely bedfast residents.	13	34.2	5.6	3.6
Residents confined to chairs.	9	23.7	38.3	39.1
Residents requiring restraints.	3	7.9	27.1	31.7
Confused or disoriented residents.	38	100	51.0	55.8
Residents with bed sores.	3	7.9	4.0	4.7
Residents receiving special skin care.	2	5.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LULING NURSING HOME

Street Address:		City and State:	
1108 PAUL MAILLARD RD BOX 1098		LULING LA 70070	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	189	PROPRIETARY	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
156	0	125

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	120	76.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	120	76.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	80	51.3	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	56.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	51.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	10	6.4	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	14.7	32.8	29.3
Completely bedfast residents.	1	0.6	5.6	3.6
Residents confined to chairs.	70	44.9	38.3	39.1
Residents requiring restraints.	30	19.2	27.1	31.7
Confused or disoriented residents.	60	38.5	51.0	55.8
Residents with bed sores.	7	4.5	4.0	4.7
Residents receiving special skin care.	7	4.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERLANDS HEALTH CARE CTR

Street Address:	City and State:		
720 RIVER ROAD	LUTCHER LA 70071		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	128	PROPRIETARY	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	0	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	78.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	62	65.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	59	62.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	86.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	52.6	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	13.7	32.8	29.3
Completely bedfast residents.	1	1.1	5.6	3.6
Residents confined to chairs.	40	42.1	38.3	39.1
Residents requiring restraints.	17	17.9	27.1	31.7
Confused or disoriented residents.	72	75.8	51.0	55.8
Residents with bed sores.	5	5.3	4.0	4.7
Residents receiving special skin care.	12	12.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAVOY CARE CENTER

Street Address:	City and State:		
801 POINCIANA AVE	MAMOU LA 70554		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	92	NON-PROFIT OTHER	08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
90	0	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	77.8	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	70	77.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	60	66.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	66.7	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	66.7	56.2	59.1
Residents on individually written bowel and bladder retraining program.	20	22.2	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	38.9	32.8	29.3
Completely bedfast residents.	20	22.2	5.6	3.6
Residents confined to chairs.	25	27.8	38.3	39.1
Residents requiring restraints.	25	27.8	27.1	31.7
Confused or disoriented residents.	35	38.9	51.0	55.8
Residents with bed sores.	2	2.2	4.0	4.7
Residents receiving special skin care.	90	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAVOY MEDICAL CENTER SNF

Street Address:	City and State:		
801 POINCIANA AVE	MAMOU LA 70554		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	32	NON-PROFIT OTHER	04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
10	10	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	9	90.0	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	10	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	9	90.0	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	80.0	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	80.0	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	70.0	40.5	37.7
Completely bedfast residents.	4	40.0	8.4	3.4
Residents confined to chairs.	5	50.0	49.1	50.8
Residents requiring restraints.	2	20.0	29.4	41.3
Confused or disoriented residents.	2	20.0	50.4	58.4
Residents with bed sores.	2	20.0	10.6	7.1
Residents receiving special skin care.	3	30.0	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available
the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PONTCHARTRAIN GUEST HOUSE

Street Address:		City and State:	
HIGHWAY 190 AND ATALIN ST BOX 338		MANDEVILLE LA 70448	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	182	PROPRIETARY	09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
155	0	124

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	141	91.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	118	76.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	117	75.5	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	56.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	58.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	23.9	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	61	39.4	38.3	39.1
Residents requiring restraints.	17	11.0	27.1	31.7
Confused or disoriented residents.	155	100	51.0	55.8
Residents with bed sores.	3	1.9	4.0	4.7
Residents receiving special skin care.	9	5.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF MANSFIELD

Street Address:		City and State:	
102 E SCHLEY ST		MANSFIELD LA 71052	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	135	PROPRIETARY	11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
135	0	110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	135	100	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	93	68.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	93	68.9	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	68.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	54.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	71	52.6	32.8	29.3
Completely bedfast residents.	75	55.6	5.6	3.6
Residents confined to chairs.	75	55.6	38.3	39.1
Residents requiring restraints.	59	43.7	27.1	31.7
Confused or disoriented residents.	93	68.9	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	1	0.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIO SOL NURSING HOME

Street Address:		City and State:	
P O BOX 85		MANSURA LA 71350	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	92	PROPRIETARY	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
77	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	100	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	64	83.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	53	68.8	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	58.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	74.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	48.1	32.8	29.3
Completely bedfast residents.	1	1.3	5.6	3.6
Residents confined to chairs.	34	44.2	38.3	39.1
Residents requiring restraints.	21	27.3	27.1	31.7
Confused or disoriented residents.	47	61.0	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	6	7.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF MANY NO 2

Street Address:	City and State:		
MIDDLE CREEK RD	MANY LA 71449		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	PROPRIETARY	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	88.3	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	49	81.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	37	61.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	81.7	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	81.7	56.2	59.1
Residents on individually written bowel and bladder retraining program.	4	6.7	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	23.3	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	31	51.7	38.3	39.1
Residents requiring restraints.	4	6.7	27.1	31.7
Confused or disoriented residents.	38	63.3	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	7	11.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF MANY 1

Street Address:	City and State:		
HWY 6 EAST	MANY LA 71449		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	128	PROPRIETARY	07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
128	0	116

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	122	95.3	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	112	87.5	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	79	61.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	62.5	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	100	78.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	8	6.3	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	37.5	32.8	29.3
Completely bedfast residents.	26	20.3	5.6	3.6
Residents confined to chairs.	54	42.2	38.3	39.1
Residents requiring restraints.	50	39.1	27.1	31.7
Confused or disoriented residents.	31	24.2	51.0	55.8
Residents with bed sores.	4	3.1	4.0	4.7
Residents receiving special skin care.	15	11.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARION NURSING HOME

Street Address:		City and State:	
P O BOX 380		MARION LA 71260	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	77	PROPRIETARY	07/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
70	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	90.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	60	85.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	55	78.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	85.7	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	88.6	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	18.6	32.8	29.3
Completely bedfast residents.	5	7.1	5.6	3.6
Residents confined to chairs.	35	50.0	38.3	39.1
Residents requiring restraints.	60	85.7	27.1	31.7
Confused or disoriented residents.	60	85.7	51.0	55.8
Residents with bed sores.	2	2.9	4.0	4.7
Residents receiving special skin care.	60	85.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL NURSING HOME

Street Address:		City and State:	
413 N WASHINGTON ST		MARKSVILLE LA 71351	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	104	PROPRIETARY	04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
88	0	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	80.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	88	100	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	80	90.9	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	65.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	69.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	23.9	32.8	29.3
Completely bedfast residents.	3	3.4	5.6	3.6
Residents confined to chairs.	32	36.4	38.3	39.1
Residents requiring restraints.	60	68.2	27.1	31.7
Confused or disoriented residents.	28	31.8	51.0	55.8
Residents with bed sores.	5	5.7	4.0	4.7
Residents receiving special skin care.	12	13.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY VIEW HEALTH CARE FACILITY

Street Address:		City and State:	
HIGHWAY 1 SOUTH		MARKSVILLE LA 71351	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
82	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	78.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	63	76.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	35	42.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	51.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	52.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	7	8.5	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	22.0	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	13	15.9	38.3	39.1
Residents requiring restraints.	31	37.8	27.1	31.7
Confused or disoriented residents.	37	45.1	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	6	7.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF MARRERO

Street Address:		City and State:	
5301 AUGUST LANE		MARRERO LA 70072	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	134	PROPRIETARY	01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
134	0	115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	131	97.8	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	122	91.0	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	92	68.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	63.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	61.2	56.2	59.1
Residents on individually written bowel and bladder retraining program.	12	9.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	15.7	32.8	29.3
Completely bedfast residents.	5	3.7	5.6	3.6
Residents confined to chairs.	56	41.8	38.3	39.1
Residents requiring restraints.	46	34.3	27.1	31.7
Confused or disoriented residents.	58	43.3	51.0	55.8
Residents with bed sores.	15	11.2	4.0	4.7
Residents receiving special skin care.	4	3.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST JEFFERSON EXTENDED CARE CENTER

Street Address:		City and State:	
1101 AVENUE D		MARRERO LA 70072	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	34	NON-PROFIT OTHER	03/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
7	7	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	6	85.7	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	6	85.7	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	85.7	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	71.4	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	42.9	40.5	37.7
Completely bedfast residents.	1	14.3	8.4	3.4
Residents confined to chairs.	3	42.9	49.1	50.8
Residents requiring restraints.	0	0.0	29.4	41.3
Confused or disoriented residents.	1	14.3	50.4	58.4
Residents with bed sores.	0	0.0	10.6	7.1
Residents receiving special skin care.	3	42.9	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WYNHOVEN HEALTH CARE CENTER

Street Address:		City and State:	
105O AVENUE D		MARRERO LA 70072	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	178	NON-PROFIT RELIGIOUS	01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
107	2	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	83.2	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	82.2	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	68.2	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	74.8	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	68.2	66.2	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	41.1	40.5	37.7
Completely bedfast residents.	0	0.0	8.4	3.4
Residents confined to chairs.	69	64.5	49.1	50.8
Residents requiring restraints.	10	9.3	29.4	41.3
Confused or disoriented residents.	56	52.3	50.4	58.4
Residents with bed sores.	10	9.3	10.6	7.1
Residents receiving special skin care.	24	22.4	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKWOODS HOME FOR THE ELDERLY

Street Address:		City and State:	
HWY 165 SOUTH BOX 263		MER ROUGE LA 71261	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	166	NON-PROFIT PRIVATE	05/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
130	18	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	120	92.3	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	130	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	98	75.4	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	64.6	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	69.2	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	33.1	40.5	37.7
Completely bedfast residents.	5	3.8	8.4	3.4
Residents confined to chairs.	44	33.8	49.1	50.8
Residents requiring restraints.	48	36.9	29.4	41.3
Confused or disoriented residents.	40	30.8	50.4	58.4
Residents with bed sores.	5	3.8	10.6	7.1
Residents receiving special skin care.	18	13.8	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERRYVILLE NURSING CENTER

Street Address:		City and State:	
P O DRAWER C		MERRYVILLE LA 70653	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	NON-PROFIT OTHER	05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	88.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	41	93.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	22	50.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	38.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	52.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	1	2.3	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	25.0	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	20	45.5	38.3	39.1
Residents requiring restraints.	10	22.7	27.1	31.7
Confused or disoriented residents.	15	34.1	51.0	55.8
Residents with bed sores.	1	2.3	4.0	4.7
Residents receiving special skin care.	23	52.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL OAKS LIVING CENTER

Street Address:		City and State:	
4312 ITHACA ST		METAIRIE LA 70002	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	110	PROPRIETARY	05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	82.8	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	88	88.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	79	79.8	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	92.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	78.8	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	41.4	32.8	29.3
Completely bedfast residents.	2	2.0	5.6	3.6
Residents confined to chairs.	56	56.6	38.3	39.1
Residents requiring restraints.	62	62.6	27.1	31.7
Confused or disoriented residents.	67	67.7	51.0	55.8
Residents with bed sores.	4	4.0	4.0	4.7
Residents receiving special skin care.	18	18.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAST JEFFERSON HOSPITAL SNF

Street Address:		City and State:	
4200 HOUMA BLVD		METAIRIE LA 70011	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	34	NON-PROFIT OTHER	04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
9	7	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	5	55.6	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	7	77.8	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	7	77.8	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	77.8	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	44.4	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	40.5	37.7
Completely bedfast residents.	1	11.1	8.4	3.4
Residents confined to chairs.	4	44.4	49.1	50.8
Residents requiring restraints.	0	0.0	29.4	41.3
Confused or disoriented residents.	0	0.0	50.4	58.4
Residents with bed sores.	1	11.1	10.6	7.1
Residents receiving special skin care.	1	11.1	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
METAIRIE HEALTHCARE CENTER

Street Address:	City and State:		
6401 RIVERSIDE DRIVE	METAIRIE LA 70003		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	202	PROPRIETARY	09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
202	0	143

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	175	86.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	193	95.5	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	193	95.5	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	177	87.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	50.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	15	7.4	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	69	34.2	32.8	29.3
Completely bedfast residents.	10	5.0	5.6	3.6
Residents confined to chairs.	130	64.4	38.3	39.1
Residents requiring restraints.	62	30.7	27.1	31.7
Confused or disoriented residents.	120	59.4	51.0	55.8
Residents with bed sores.	9	4.5	4.0	4.7
Residents receiving special skin care.	193	95.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ANTHONYS NH

Street Address:		City and State:	
6001 AIRLINE HWY		METAIRIE LA 70003	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	124	PROPRIETARY	09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
124	0	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	69.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	114	91.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	90	72.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	91.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	72.6	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	10.5	32.8	29.3
Completely bedfast residents.	1	0.8	5.6	3.6
Residents confined to chairs.	65	52.4	38.3	39.1
Residents requiring restraints.	32	25.8	27.1	31.7
Confused or disoriented residents.	52	41.9	51.0	55.8
Residents with bed sores.	4	3.2	4.0	4.7
Residents receiving special skin care.	28	22.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWVIEW NH INC

Street Address:		City and State:	
400 MEADOWVIEW DR		MINDEN LA 71055	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	230	PROPRIETARY	01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
208	0	170

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	16.3	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	164	78.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	135	64.9	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	67.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	131	63.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	113	54.3	32.8	29.3
Completely bedfast residents.	36	17.3	5.6	3.6
Residents confined to chairs.	86	41.3	38.3	39.1
Residents requiring restraints.	63	30.3	27.1	31.7
Confused or disoriented residents.	120	57.7	51.0	55.8
Residents with bed sores.	7	3.4	4.0	4.7
Residents receiving special skin care.	190	91.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MINDEN MEDICAL CENTER SNF

Street Address:		City and State:	
ONE MEDICAL PLAZA		MINDEN LA 71055	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	16	PROPRIETARY	11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
2	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	2	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	2	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	2	100	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	100	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	100	40.5	37.7
Completely bedfast residents.	2	100	8.4	3.4
Residents confined to chairs.	0	0.0	49.1	50.8
Residents requiring restraints.	1	50.0	29.4	41.3
Confused or disoriented residents.	2	100	50.4	58.4
Residents with bed sores.	0	0.0	10.6	7.1
Residents receiving special skin care.	2	100	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOWN AND COUNTRY NURSING CENTER

Street Address:	City and State:		
614 WESTON ST	MINDEN LA 71053		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	128	PROPRIETARY	02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
110	0	92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	80.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	91	82.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	91	82.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	83.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	66.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	42.7	32.8	29.3
Completely bedfast residents.	6	5.5	5.6	3.6
Residents confined to chairs.	64	58.2	38.3	39.1
Residents requiring restraints.	27	24.5	27.1	31.7
Confused or disoriented residents.	45	40.9	51.0	55.8
Residents with bed sores.	2	1.8	4.0	4.7
Residents receiving special skin care.	10	9.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINCOLN PARK HEALTHCARE, INC

Street Address:		City and State:	
4600 BURG JONES LANE		MONROE LA 71203	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	96	PROPRIETARY	03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
83	0	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	42.2	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	59	71.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	42	50.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	53.0	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	50.6	56.2	59.1
Residents on individually written bowel and bladder retraining program.	5	6.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	14.5	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	34	41.0	38.3	39.1
Residents requiring restraints.	13	15.7	27.1	31.7
Confused or disoriented residents.	20	24.1	51.0	55.8
Residents with bed sores.	2	2.4	4.0	4.7
Residents receiving special skin care.	11	13.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARY GOSS NURSING HOME

Street Address:		City and State:	
3300 WHITE ST		MONROE LA 71203	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	92	PROPRIETARY	10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
87	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	70.1	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	74	85.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	66	75.9	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	67.8	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	47.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	35	40.2	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	32.2	32.8	29.3
Completely bedfast residents.	7	8.0	5.6	3.6
Residents confined to chairs.	37	42.5	38.3	39.1
Residents requiring restraints.	17	19.5	27.1	31.7
Confused or disoriented residents.	53	60.9	51.0	55.8
Residents with bed sores.	4	4.6	4.0	4.7
Residents receiving special skin care.	5	5.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONROE MANOR

Street Address:		City and State:	
4201 S GRAND ST		MONROE LA 71210	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	108	PROPRIETARY	11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	0	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	92.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	71	74.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	30.5	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	60.0	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	67.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	16	16.8	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	50.5	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	41	43.2	38.3	39.1
Residents requiring restraints.	27	28.4	27.1	31.7
Confused or disoriented residents.	34	35.8	51.0	55.8
Residents with bed sores.	11	11.6	4.0	4.7
Residents receiving special skin care.	10	10.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERSIDE NURSING HOME

Street Address:		City and State:	
3001 S GRAND ST		MONROE LA 71202	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	166	PROPRIETARY	04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
121	0	111

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	88.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	99	81.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	63	52.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	14.0	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	47.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	15	12.4	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	25.6	32.8	29.3
Completely bedfast residents.	4	3.3	5.6	3.6
Residents confined to chairs.	47	38.8	38.3	39.1
Residents requiring restraints.	25	20.7	27.1	31.7
Confused or disoriented residents.	40	33.1	51.0	55.8
Residents with bed sores.	2	1.7	4.0	4.7
Residents receiving special skin care.	12	9.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHADY OAKS NURSING HOME

Street Address:		City and State:	
4310 SOUTH GRAND		MONROE LA 71201	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	108	PROPRIETARY	05/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
104	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	96.2	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	88	84.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	69	66.3	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	63.5	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	47.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	5	4.8	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	33.7	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	53	51.0	38.3	39.1
Residents requiring restraints.	32	30.8	27.1	31.7
Confused or disoriented residents.	51	49.0	51.0	55.8
Residents with bed sores.	5	4.8	4.0	4.7
Residents receiving special skin care.	44	42.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST FRANCIS MEDICAL CENTER

Street Address:	City and State:		
309 JACKSON STREET	MONROE LA 71201		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	27	NON-PROFIT RELIGIOUS	07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
14	14	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	92.9	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	14	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	14	100	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	57.1	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	100	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	85.7	40.5	37.7
Completely bedfast residents.	6	42.9	8.4	3.4
Residents confined to chairs.	6	42.9	49.1	50.8
Residents requiring restraints.	1	7.1	29.4	41.3
Confused or disoriented residents.	7	50.0	50.4	58.4
Residents with bed sores.	5	35.7	10.6	7.1
Residents receiving special skin care.	10	71.4	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPHS HOME

Street Address:		City and State:	
2301 STERLINGTON RD		MONROE LA 71201	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	132	NON-PROFIT RELIGIOUS	06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	0	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	96.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	93	79.5	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	75	64.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	64.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	88.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	23.9	32.8	29.3
Completely bedfast residents.	1	0.9	5.6	3.6
Residents confined to chairs.	41	35.0	38.3	39.1
Residents requiring restraints.	14	12.0	27.1	31.7
Confused or disoriented residents.	101	86.3	51.0	55.8
Residents with bed sores.	6	5.1	4.0	4.7
Residents receiving special skin care.	17	14.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE COTTAGE HEALTHCARE INC

Street Address:	City and State:		
2700 GEORGIA ST	MONROE LA 71201		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	94	PROPRIETARY	09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
81	0	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	42.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	58	71.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	23	28.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	63.0	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	37.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	21.0	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	23	28.4	38.3	39.1
Residents requiring restraints.	15	18.5	27.1	31.7
Confused or disoriented residents.	43	53.1	51.0	55.8
Residents with bed sores.	2	2.5	4.0	4.7
Residents receiving special skin care.	81	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE OAKS

Street Address:	City and State:		
1000 MCKEEN PLACE	MONROE LA 71201		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	180	PROPRIETARY	08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
177	0	138

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	150	84.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	149	84.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	111	62.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	79.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	28.2	56.2	59.1
Residents on individually written bowel and bladder retraining program.	30	16.9	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	13.6	32.8	29.3
Completely bedfast residents.	9	5.1	5.6	3.6
Residents confined to chairs.	75	42.4	38.3	39.1
Residents requiring restraints.	32	18.1	27.1	31.7
Confused or disoriented residents.	132	74.6	51.0	55.8
Residents with bed sores.	3	1.7	4.0	4.7
Residents receiving special skin care.	12	6.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST MARYS GUEST HOUSE

Street Address:		City and State:	
740 JUSTA ST		MORGAN CITY LA 70380	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	87	PROPRIETARY	09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
83	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	97.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	81	97.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	81	97.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	72.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	61.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	81.9	32.8	29.3
Completely bedfast residents.	2	2.4	5.6	3.6
Residents confined to chairs.	2	2.4	38.3	39.1
Residents requiring restraints.	29	34.9	27.1	31.7
Confused or disoriented residents.	28	33.7	51.0	55.8
Residents with bed sores.	6	7.2	4.0	4.7
Residents receiving special skin care.	16	19.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASSUMPTION HEALTH CARE

Street Address:		City and State:	
HWY 402 BOX 351		NAPOLEONVILLE LA 70390	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	170	NON-PROFIT OTHER	04/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
124	0	122

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	83.1	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	91	73.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	60	48.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	40.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	40.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	16.9	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	53	42.7	38.3	39.1
Residents requiring restraints.	17	13.7	27.1	31.7
Confused or disoriented residents.	50	40.3	51.0	55.8
Residents with bed sores.	5	4.0	4.0	4.7
Residents receiving special skin care.	10	8.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF NATCHITOCHES

Street Address:		City and State:	
720 KEYSER AVE		NATCHITOCHES LA 71457	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	160	PROPRIETARY	01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
141	0	121

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	71.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	90	63.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	62	44.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	40.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	34.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	7	5.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	24.8	32.8	29.3
Completely bedfast residents.	53	37.6	5.6	3.6
Residents confined to chairs.	12	8.5	38.3	39.1
Residents requiring restraints.	56	39.7	27.1	31.7
Confused or disoriented residents.	92	65.2	51.0	55.8
Residents with bed sores.	8	5.7	4.0	4.7
Residents receiving special skin care.	7	5.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NATCHITOCHES PARISH HOSP LTC UNIT

Street Address:		City and State:	
501 KEYSER AVE BOX 2038		NATCHITOCHES LA 71457	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	110	NON-PROFIT OTHER	01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
106	1	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	76.4	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	82.1	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	60.4	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	93.4	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	56.6	66.2	68.2
Residents on individually written bowel and bladder retraining program.	8	7.5	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	28.3	40.5	37.7
Completely bedfast residents.	5	4.7	8.4	3.4
Residents confined to chairs.	22	20.8	49.1	50.8
Residents requiring restraints.	37	34.9	29.4	41.3
Confused or disoriented residents.	41	38.7	50.4	58.4
Residents with bed sores.	8	7.5	10.6	7.1
Residents receiving special skin care.	20	18.9	29.2	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERSIDE GUEST CARE

Street Address:		City and State:	
650 KEYSER AVE		NATCHITOCHES LA 71457	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	102	PROPRIETARY	11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	0	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	67.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	68	73.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	68	73.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	73.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	57.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	48	51.6	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	34.4	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	30	32.3	38.3	39.1
Residents requiring restraints.	40	43.0	27.1	31.7
Confused or disoriented residents.	20	21.5	51.0	55.8
Residents with bed sores.	1	1.1	4.0	4.7
Residents receiving special skin care.	10	10.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AZALEA VILLA NURS HOME

Street Address:	City and State:		
1002 N ADMIRAL DOYLE	NEW IBERIA LA 70560		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	150	PROPRIETARY	11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
148	0	141

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	137	92.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	137	92.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	123	83.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	56.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	54.7	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	35.1	32.8	29.3
Completely bedfast residents.	1	0.7	5.6	3.6
Residents confined to chairs.	55	37.2	38.3	39.1
Residents requiring restraints.	62	41.9	27.1	31.7
Confused or disoriented residents.	97	65.5	51.0	55.8
Residents with bed sores.	5	3.4	4.0	4.7
Residents receiving special skin care.	49	33.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONSOLATA HOME

Street Address:	City and State:		
2319 E MAIN	NEW IBERIA LA 70560		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	114	NON-PROFIT RELIGIOUS	03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
113	0	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	77.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	94	83.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	71	62.8	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	85.8	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	53.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	48	42.5	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	39.8	32.8	29.3
Completely bedfast residents.	5	4.4	5.6	3.6
Residents confined to chairs.	38	33.6	38.3	39.1
Residents requiring restraints.	37	32.7	27.1	31.7
Confused or disoriented residents.	40	35.4	51.0	55.8
Residents with bed sores.	1	0.9	4.0	4.7
Residents receiving special skin care.	3	2.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF NEW IBERIA NORTH

Street Address:	City and State:		
1803 JANE STREET BOX 957	NEW IBERIA LA 70560		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	121	PROPRIETARY	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
121	0	105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	90.1	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	108	89.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	82	67.8	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	72.7	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	50.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	31.4	32.8	29.3
Completely bedfast residents.	3	2.5	5.6	3.6
Residents confined to chairs.	30	24.8	38.3	39.1
Residents requiring restraints.	24	19.8	27.1	31.7
Confused or disoriented residents.	49	40.5	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	6	5.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF NEW IBERIA-SOUTH

Street Address:		City and State:	
600 BAYARD ST BOX 9984		NEW IBERIA LA 70562	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	PROPRIETARY	12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
80	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	51.2	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	56	70.0	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	49	61.2	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	100	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	55.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	25.0	32.8	29.3
Completely bedfast residents.	9	11.2	5.6	3.6
Residents confined to chairs.	48	60.0	38.3	39.1
Residents requiring restraints.	33	41.2	27.1	31.7
Confused or disoriented residents.	33	41.2	51.0	55.8
Residents with bed sores.	7	8.7	4.0	4.7
Residents receiving special skin care.	80	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUDUBON HEALTH CARE CENTER

Street Address:	City and State:		
13500 CHEF MENTEUR HWY	NEW ORLEANS LA 70129		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	207	PROPRIETARY	10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
139	0	129

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	76.3	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	107	77.0	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	83	59.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	60.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	59.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	16.5	32.8	29.3
Completely bedfast residents.	2	1.4	5.6	3.6
Residents confined to chairs.	66	47.5	38.3	39.1
Residents requiring restraints.	47	33.8	27.1	31.7
Confused or disoriented residents.	90	64.7	51.0	55.8
Residents with bed sores.	4	2.9	4.0	4.7
Residents receiving special skin care.	7	5.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHANY HOME

Street Address:		City and State:	
2535 ESPLANADE AVE		NEW ORLEANS LA 70119	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	117	NON-PROFIT OTHER	04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
111	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	60.4	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	95	85.6	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	84.7	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	66.7	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	62.2	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	31.5	40.5	37.7
Completely bedfast residents.	13	11.7	8.4	3.4
Residents confined to chairs.	55	49.5	49.1	50.8
Residents requiring restraints.	55	49.5	29.4	41.3
Confused or disoriented residents.	59	53.2	50.4	58.4
Residents with bed sores.	17	15.3	10.6	7.1
Residents receiving special skin care.	54	48.6	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLISEUM MEDICAL CENTER

Street Address:		City and State:	
3601 COLISEUM ST		NEW ORLEANS LA 70115	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	42	PROPRIETARY	02/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
21	21	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	90.5	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	21	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	21	100	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	95.2	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	100	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	38.1	40.5	37.7
Completely bedfast residents.	6	28.6	8.4	3.4
Residents confined to chairs.	10	47.6	49.1	50.8
Residents requiring restraints.	3	14.3	29.4	41.3
Confused or disoriented residents.	9	42.9	50.4	58.4
Residents with bed sores.	6	28.6	10.6	7.1
Residents receiving special skin care.	8	38.1	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COVENANT HOME

Street Address:	City and State:		
5919 MAGAZINE ST	NEW ORLEANS LA 70115		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	84	NON-PROFIT OTHER	04/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
80	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	93.8	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	66	82.5	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	48	60.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	51.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	52.5	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	16.2	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	43	53.7	38.3	39.1
Residents requiring restraints.	3	3.7	27.1	31.7
Confused or disoriented residents.	35	43.8	51.0	55.8
Residents with bed sores.	1	1.2	4.0	4.7
Residents receiving special skin care.	3	3.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESCENT CITY HEALTH CARE CENTER

Street Address:		City and State:	
1420 GENERAL TAYLOR		NEW ORLEANS LA 70115	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	216	PROPRIETARY	08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
151	0	113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	58.3	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	119	78.8	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	103	68.2	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	72.8	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	102	67.5	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	38.4	40.5	37.7
Completely bedfast residents.	28	18.5	8.4	3.4
Residents confined to chairs.	60	39.7	49.1	50.8
Residents requiring restraints.	67	44.4	29.4	41.3
Confused or disoriented residents.	68	45.0	50.4	58.4
Residents with bed sores.	28	18.5	10.6	7.1
Residents receiving special skin care.	36	23.8	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FERNCREST MANOR

Street Address:		City and State:	
14500 HAYNES BOULEVARD		NEW ORLEANS LA 70128	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	168	PROPRIETARY	03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	0	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	83.2	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	85.3	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	83.2	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	48.4	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	42.1	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	21.1	40.5	37.7
Completely bedfast residents.	15	15.8	8.4	3.4
Residents confined to chairs.	55	57.9	49.1	50.8
Residents requiring restraints.	19	20.0	29.4	41.3
Confused or disoriented residents.	51	53.7	50.4	58.4
Residents with bed sores.	9	9.5	10.6	7.1
Residents receiving special skin care.	0	0.0	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEALTHSOUTH REHAB CTR OF NEW ORLEANS

Street Address:		City and State:	
405 FOLSE DR		NEW ORLEANS LA 70123	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	80	PROPRIETARY	03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
24	16	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	95.8	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	23	95.8	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	23	95.8	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	91.7	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	75.0	66.2	68.2
Residents on individually written bowel and bladder retraining program.	24	100	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	29.2	40.5	37.7
Completely bedfast residents.	1	4.2	8.4	3.4
Residents confined to chairs.	11	45.8	49.1	50.8
Residents requiring restraints.	9	37.5	29.4	41.3
Confused or disoriented residents.	9	37.5	50.4	58.4
Residents with bed sores.	1	4.2	10.6	7.1
Residents receiving special skin care.	9	37.5	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOTEL DIEU HOSPITAL SNF

Street Address:		City and State:	
2021 PERDIDO STREET		NEW ORLEANS LA 70112	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	31	NON-PROFIT RELIGIOUS	06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
10	10	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	80.0	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	10	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	8	80.0	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	80.0	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	50.0	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	20.0	40.5	37.7
Completely bedfast residents.	2	20.0	8.4	3.4
Residents confined to chairs.	4	40.0	49.1	50.8
Residents requiring restraints.	0	0.0	29.4	41.3
Confused or disoriented residents.	4	40.0	50.4	58.4
Residents with bed sores.	5	50.0	10.6	7.1
Residents receiving special skin care.	5	50.0	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JO ELLEN SMITH CONVALESCENT CTR

Street Address:		City and State:	
4502 GENERAL MEYER		NEW ORLEANS LA 70114	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
135	1	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	120	88.9	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	65.2	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	54.1	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	57.0	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	50.4	66.2	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	38.5	40.5	37.7
Completely bedfast residents.	16	11.9	8.4	3.4
Residents confined to chairs.	43	31.9	49.1	50.8
Residents requiring restraints.	29	21.5	29.4	41.3
Confused or disoriented residents.	43	31.9	50.4	58.4
Residents with bed sores.	13	9.6	10.6	7.1
Residents receiving special skin care.	16	11.9	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAFON NH OF THE HOLY FAMILY

Street Address:	City and State:		
6900 CHEF MENTEUR HWY	NEW ORLEANS LA 70126		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	171	NON-PROFIT RELIGIOUS	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
169	0	110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	122	72.2	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	143	84.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	121	71.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	124	73.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	52.7	56.2	59.1
Residents on individually written bowel and bladder retraining program.	50	29.6	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	29.6	32.8	29.3
Completely bedfast residents.	1	0.6	5.6	3.6
Residents confined to chairs.	68	40.2	38.3	39.1
Residents requiring restraints.	48	28.4	27.1	31.7
Confused or disoriented residents.	66	39.1	51.0	55.8
Residents with bed sores.	3	1.8	4.0	4.7
Residents receiving special skin care.	12	7.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAFON NURSING HOME

Street Address:		City and State:	
4021 CADILLAC ST		NEW ORLEANS LA 70122	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	104	NON-PROFIT RELIGIOUS	05/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	83.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	55	60.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	33.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	36.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	31.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	18.7	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	23	25.3	38.3	39.1
Residents requiring restraints.	10	11.0	27.1	31.7
Confused or disoriented residents.	20	22.0	51.0	55.8
Residents with bed sores.	3	3.3	4.0	4.7
Residents receiving special skin care.	12	13.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LES FONTAINES RETIREMENT COMMUNITY

Street Address:	City and State:		
13001 CHEF MENTEUR HIGHWAY	NEW ORLEANS LA 70129		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	217	PROPRIETARY	04/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
185	0	119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	140	75.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	170	91.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	125	67.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	73.0	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	99	53.5	56.2	59.1
Residents on individually written bowel and bladder retraining program.	5	2.7	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	27.0	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	80	43.2	38.3	39.1
Residents requiring restraints.	25	13.5	27.1	31.7
Confused or disoriented residents.	75	40.5	51.0	55.8
Residents with bed sores.	6	3.2	4.0	4.7
Residents receiving special skin care.	10	5.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHERAN HOME OF NEW ORLEANS

Street Address:		City and State:	
6400 HAYNES BLVD		NEW ORLEANS LA 70126	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	208	NON-PROFIT RELIGIOUS	12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
198	0	118

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	153	77.3	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	122	61.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	120	60.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	158	79.8	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	107	54.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	23.2	32.8	29.3
Completely bedfast residents.	2	1.0	5.6	3.6
Residents confined to chairs.	131	66.2	38.3	39.1
Residents requiring restraints.	56	28.3	27.1	31.7
Confused or disoriented residents.	83	41.9	51.0	55.8
Residents with bed sores.	13	6.6	4.0	4.7
Residents receiving special skin care.	55	27.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAISON HOSPITALIERE

Street Address:		City and State:	
1220 DAUPHINE ST		NEW ORLEANS LA 70116	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	91	NON-PROFIT PRIVATE	02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
75	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	69.3	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	41	54.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	20	26.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	68.0	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	22.7	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	16.0	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	10	13.3	38.3	39.1
Residents requiring restraints.	2	2.7	27.1	31.7
Confused or disoriented residents.	28	37.3	51.0	55.8
Residents with bed sores.	1	1.3	4.0	4.7
Residents receiving special skin care.	17	22.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARY JOSEPH RESIDENCE FOR THE ELDERLY

Street Address:		City and State:	
4201 WOODLAND DRIVE		NEW ORLEANS LA 70114	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	122	NON-PROFIT OTHER	09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
103	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	67.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	59	57.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	28	27.2	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	61.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	25.2	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	15.5	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	9	8.7	38.3	39.1
Residents requiring restraints.	0	0.0	27.1	31.7
Confused or disoriented residents.	2	1.9	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	5	4.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERCY HOSP SKILLED NURSING FACILITY

Street Address:		City and State:	
301 N JEFFERSON DAVIS PARKWAY		NEW ORLEANS LA 70119	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	23	NON-PROFIT RELIGIOUS	11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
11	9	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	11	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	11	100	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	90.9	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	72.7	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	63.6	40.5	37.7
Completely bedfast residents.	0	0.0	8.4	3.4
Residents confined to chairs.	10	90.9	49.1	50.8
Residents requiring restraints.	1	9.1	29.4	41.3
Confused or disoriented residents.	4	36.4	50.4	58.4
Residents with bed sores.	9	81.8	10.6	7.1
Residents receiving special skin care.	11	100	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW ORLEANS HOME AND REHAB CENTER

Street Address:		City and State:	
612 HENRY CLAY AVENUE		NEW ORLEANS LA 70118	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	202	STATE GOVERNMENT	05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
193	8	161

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	176	91.2	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	170	88.1	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	176	91.2	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	162	83.9	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	170	88.1	66.2	68.2
Residents on individually written bowel and bladder retraining program.	3	1.6	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	91	47.2	40.5	37.7
Completely bedfast residents.	27	14.0	8.4	3.4
Residents confined to chairs.	115	59.6	49.1	50.8
Residents requiring restraints.	90	46.6	29.4	41.3
Confused or disoriented residents.	93	48.2	50.4	58.4
Residents with bed sores.	24	12.4	10.6	7.1
Residents receiving special skin care.	39	20.2	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORMAN CARE CENTER

Street Address:		City and State:	
9660 LAKE FOREST BLVD		NEW ORLEANS LA 70127	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	284	PROPRIETARY	03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
198	0	186

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	194	98.0	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	152	76.8	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	104	52.5	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	57.6	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	52.0	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	33.8	40.5	37.7
Completely bedfast residents.	2	1.0	8.4	3.4
Residents confined to chairs.	131	66.2	49.1	50.8
Residents requiring restraints.	93	47.0	29.4	41.3
Confused or disoriented residents.	180	90.9	50.4	58.4
Residents with bed sores.	21	10.6	10.6	7.1
Residents receiving special skin care.	22	11.1	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OCHSNER FOUNDATION HOSPITAL SNF

Street Address:		City and State:	
1516 JEFFERSON HIGHWAY		NEW ORLEANS LA 70121	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	31	NON-PROFIT PRIVATE	11/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
11	10	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	9	81.8	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	10	90.9	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	10	90.9	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	90.9	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	18.2	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	18.2	40.5	37.7
Completely bedfast residents.	2	18.2	8.4	3.4
Residents confined to chairs.	1	9.1	49.1	50.8
Residents requiring restraints.	1	9.1	29.4	41.3
Confused or disoriented residents.	2	18.2	50.4	58.4
Residents with bed sores.	0	0.0	10.6	7.1
Residents receiving special skin care.	2	18.2	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PENDLETON MEMORIAL METHODIST HOSP SNF

Street Address:		City and State:	
5620 READ BLVD		NEW ORLEANS LA 70127	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	18	NON-PROFIT RELIGIOUS	10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
14	13	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	14	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	11	78.6	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	92.9	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	78.6	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	78.6	40.5	37.7
Completely bedfast residents.	0	0.0	8.4	3.4
Residents confined to chairs.	9	64.3	49.1	50.8
Residents requiring restraints.	4	28.6	29.4	41.3
Confused or disoriented residents.	7	50.0	50.4	58.4
Residents with bed sores.	6	42.9	10.6	7.1
Residents receiving special skin care.	8	57.1	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRAYER TOWER REST HOME

Street Address:		City and State:	
3316 PINE STREET		NEW ORLEANS LA 70125	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	104	PROPRIETARY	09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
101	0	96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	94.1	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	95	94.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	59	58.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	94.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	57.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	19.8	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	44	43.6	38.3	39.1
Residents requiring restraints.	72	71.3	27.1	31.7
Confused or disoriented residents.	95	94.1	51.0	55.8
Residents with bed sores.	1	1.0	4.0	4.7
Residents receiving special skin care.	3	3.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHERN BAPTIST HOSPITAL SNF

Street Address:		City and State:	
2700 NAPOLEON AVE		NEW ORLEANS LA 70115	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	37	NON-PROFIT PRIVATE	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
24	23	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	79.2	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	22	91.7	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	22	91.7	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	91.7	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	70.8	66.2	68.2
Residents on individually written bowel and bladder retraining program.	1	4.2	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	75.0	40.5	37.7
Completely bedfast residents.	5	20.8	8.4	3.4
Residents confined to chairs.	14	58.3	49.1	50.8
Residents requiring restraints.	2	8.3	29.4	41.3
Confused or disoriented residents.	18	75.0	50.4	58.4
Residents with bed sores.	3	12.5	10.6	7.1
Residents receiving special skin care.	24	100	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST MARGARETS DAUGHTERS NURSING HOME

Street Address:		City and State:	
6220 CHARTRES STREET		NEW ORLEANS LA 70117	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	112	NON-PROFIT PRIVATE	04/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
108	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	95.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	103	95.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	103	95.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	81.5	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	60.2	56.2	59.1
Residents on individually written bowel and bladder retraining program.	30	27.8	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	53.7	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	51	47.2	38.3	39.1
Residents requiring restraints.	38	35.2	27.1	31.7
Confused or disoriented residents.	50	46.3	51.0	55.8
Residents with bed sores.	5	4.6	4.0	4.7
Residents receiving special skin care.	10	9.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOURO INFIRMARY

Street Address:		City and State:	
1401 FOUCHER ST		NEW ORLEANS LA 70115	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	33	NON-PROFIT PRIVATE	10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
14	13	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	14	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	14	100	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	100	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	57.1	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	50.0	40.5	37.7
Completely bedfast residents.	1	7.1	8.4	3.4
Residents confined to chairs.	13	92.9	49.1	50.8
Residents requiring restraints.	2	14.3	29.4	41.3
Confused or disoriented residents.	7	50.0	50.4	58.4
Residents with bed sores.	2	14.3	10.6	7.1
Residents receiving special skin care.	9	64.3	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOURO SHAKESPEARE HOME

Street Address:	City and State:		
2621 GENERAL MEYER AVE	NEW ORLEANS LA 70114		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	119	LOCAL GOVERNMENT	04/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
76	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	82.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	49	64.5	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	46	60.5	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	78.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	56.6	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	13.2	32.8	29.3
Completely bedfast residents.	4	5.3	5.6	3.6
Residents confined to chairs.	18	23.7	38.3	39.1
Residents requiring restraints.	12	15.8	27.1	31.7
Confused or disoriented residents.	30	39.5	51.0	55.8
Residents with bed sores.	1	1.3	4.0	4.7
Residents receiving special skin care.	13	17.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOW WOOD

Street Address:		City and State:	
3701 BEHRMAN PLACE		NEW ORLEANS LA 70114	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	101	NON-PROFIT OTHER	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
100	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	89.0	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	91.0	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	61.0	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	90.0	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	67.0	66.2	68.2
Residents on individually written bowel and bladder retraining program.	21	21.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	13.0	40.5	37.7
Completely bedfast residents.	0	0.0	8.4	3.4
Residents confined to chairs.	39	39.0	49.1	50.8
Residents requiring restraints.	28	28.0	29.4	41.3
Confused or disoriented residents.	46	46.0	50.4	58.4
Residents with bed sores.	4	4.0	10.6	7.1
Residents receiving special skin care.	9	9.0	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODLAND VILLAGE MANOR NURSING HOME

Street Address:		City and State:	
5301 TULLIS DRIVE		NEW ORLEANS LA 70114	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	133	PROPRIETARY	10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	1	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	92.7	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	92.7	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	78.2	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	78.2	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	80.0	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	29.1	40.5	37.7
Completely bedfast residents.	5	9.1	8.4	3.4
Residents confined to chairs.	22	40.0	49.1	50.8
Residents requiring restraints.	22	40.0	29.4	41.3
Confused or disoriented residents.	27	49.1	50.4	58.4
Residents with bed sores.	4	7.3	10.6	7.1
Residents receiving special skin care.	7	12.7	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEVIEW MANOR NURSING HOME INC

Street Address:		City and State:	
HOSPITAL ROAD P O DRAWER 320		NEW ROADS LA 70760	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	81.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	60	61.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	58	59.2	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	62.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	48.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	15	15.3	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	20.4	32.8	29.3
Completely bedfast residents.	1	1.0	5.6	3.6
Residents confined to chairs.	49	50.0	38.3	39.1
Residents requiring restraints.	20	20.4	27.1	31.7
Confused or disoriented residents.	32	32.7	51.0	55.8
Residents with bed sores.	3	3.1	4.0	4.7
Residents receiving special skin care.	30	30.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
POINTE COUPEE PARISH NH

Street Address:		City and State:	
2202 A HOSPITAL ROAD		NEW ROADS LA 70760	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	LOCAL GOVERNMENT	12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
116	0	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	72.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	97	83.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	97	83.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	49.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	49.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	11	9.5	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	41.4	32.8	29.3
Completely bedfast residents.	13	11.2	5.6	3.6
Residents confined to chairs.	44	37.9	38.3	39.1
Residents requiring restraints.	44	37.9	27.1	31.7
Confused or disoriented residents.	79	68.1	51.0	55.8
Residents with bed sores.	8	6.9	4.0	4.7
Residents receiving special skin care.	24	20.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TENSAS NH

Street Address:		City and State:	
905 VERONA ST		NEWELLTON LA 71357	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	61	NON-PROFIT OTHER	06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	73.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	44	77.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	35	61.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	57.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	42.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	7	12.3	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	24.6	32.8	29.3
Completely bedfast residents.	6	10.5	5.6	3.6
Residents confined to chairs.	13	22.8	38.3	39.1
Residents requiring restraints.	9	15.8	27.1	31.7
Confused or disoriented residents.	23	40.4	51.0	55.8
Residents with bed sores.	4	7.0	4.0	4.7
Residents receiving special skin care.	15	26.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARROLL NURSING HOME

Street Address:		City and State:	
301 NORTH CASTLEMAN		OAK GROVE LA 71263	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	106	PROPRIETARY	10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
104	0	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	94.2	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	82	78.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	59	56.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	100	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	41.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	11	10.6	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	49.0	32.8	29.3
Completely bedfast residents.	10	9.6	5.6	3.6
Residents confined to chairs.	28	26.9	38.3	39.1
Residents requiring restraints.	24	23.1	27.1	31.7
Confused or disoriented residents.	67	64.4	51.0	55.8
Residents with bed sores.	10	9.6	4.0	4.7
Residents receiving special skin care.	9	8.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE NH

Street Address:		City and State:	
S 16TH AND 6TH P O BOX 683		OAKDALE LA 71463	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	77	PROPRIETARY	05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
69	0	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	63.8	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	47	68.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	47	68.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	49.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	42.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	36.2	32.8	29.3
Completely bedfast residents.	4	5.8	5.6	3.6
Residents confined to chairs.	30	43.5	38.3	39.1
Residents requiring restraints.	30	43.5	27.1	31.7
Confused or disoriented residents.	45	65.2	51.0	55.8
Residents with bed sores.	2	2.9	4.0	4.7
Residents receiving special skin care.	8	11.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST FRANCIS NURSING HOME OF OBERLIN

Street Address:	City and State:		
1001 INDUSTRIAL PARK DR	OBERLIN LA 70655		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
64	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	56.3	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	36	56.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	34	53.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	53.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	46.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	5	7.8	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	20.3	32.8	29.3
Completely bedfast residents.	1	1.6	5.6	3.6
Residents confined to chairs.	20	31.3	38.3	39.1
Residents requiring restraints.	12	18.8	27.1	31.7
Confused or disoriented residents.	15	23.4	51.0	55.8
Residents with bed sores.	3	4.7	4.0	4.7
Residents receiving special skin care.	7	10.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OPELOUSAS HEALTH CARE

Street Address:		City and State:	
328 W GROLEE		OPELOUSAS LA 70570	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	71	PROPRIETARY	12/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
61	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	91.8	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	58	95.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	35	57.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	63.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	90.2	56.2	59.1
Residents on individually written bowel and bladder retraining program.	13	21.3	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	18.0	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	18	29.5	38.3	39.1
Residents requiring restraints.	24	39.3	27.1	31.7
Confused or disoriented residents.	41	67.2	51.0	55.8
Residents with bed sores.	4	6.6	4.0	4.7
Residents receiving special skin care.	11	18.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OUR LADY OF PROMPT SUCC0R NURSING HOME

Street Address:		City and State:	
751 PRUDHOMME LANE		OPELOUSAS LA 70570	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	NON-PROFIT OTHER	10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
73	0	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	56.2	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	52	71.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	46	63.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	100	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	60.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	39	53.4	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	45.2	32.8	29.3
Completely bedfast residents.	3	4.1	5.6	3.6
Residents confined to chairs.	27	37.0	38.3	39.1
Residents requiring restraints.	26	35.6	27.1	31.7
Confused or disoriented residents.	27	37.0	51.0	55.8
Residents with bed sores.	2	2.7	4.0	4.7
Residents receiving special skin care.	19	26.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SENIOR VILLAGE NH

Street Address:	City and State:		
160 DUCHARME ROAD	OPELOUSAS LA 70570		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	240	PROPRIETARY	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
207	0	182

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	163	78.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	162	78.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	145	70.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	70.0	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	163	78.7	56.2	59.1
Residents on individually written bowel and bladder retraining program.	3	1.4	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	30.0	32.8	29.3
Completely bedfast residents.	8	3.9	5.6	3.6
Residents confined to chairs.	109	52.7	38.3	39.1
Residents requiring restraints.	62	30.0	27.1	31.7
Confused or disoriented residents.	115	55.6	51.0	55.8
Residents with bed sores.	17	8.2	4.0	4.7
Residents receiving special skin care.	17	8.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TRI COMMUNITY NURSING CENTER

Street Address:	City and State:		
LA HWY 71 PO BOX 112	PALMETTO LA 71358		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	108	PROPRIETARY	12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
52	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	84.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	44	84.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	44	84.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	84.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	84.6	56.2	59.1
Residents on individually written bowel and bladder retraining program.	7	13.5	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	44.2	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	36	69.2	38.3	39.1
Residents requiring restraints.	24	46.2	27.1	31.7
Confused or disoriented residents.	22	42.3	51.0	55.8
Residents with bed sores.	2	3.8	4.0	4.7
Residents receiving special skin care.	2	3.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
QC II NURSING CARE CENTER OF PATTERSON

Street Address:		City and State:	
910 LIA		PATTERSON LA 70392	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	131	PROPRIETARY	03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	64.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	77	79.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	67	69.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	62.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	53.6	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	35.1	32.8	29.3
Completely bedfast residents.	4	4.1	5.6	3.6
Residents confined to chairs.	54	55.7	38.3	39.1
Residents requiring restraints.	12	12.4	27.1	31.7
Confused or disoriented residents.	38	39.2	51.0	55.8
Residents with bed sores.	2	2.1	4.0	4.7
Residents receiving special skin care.	4	4.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRAIRIE MANOR NURSING HOME

Street Address:		City and State:	
ELLIOTT STREET P O BOX 500		PINE PRAIRIE LA 70576	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	NON-PROFIT OTHER	08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	0	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	98.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	50	64.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	45	57.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	53.8	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	43.6	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	12.8	32.8	29.3
Completely bedfast residents.	1	1.3	5.6	3.6
Residents confined to chairs.	37	47.4	38.3	39.1
Residents requiring restraints.	19	24.4	27.1	31.7
Confused or disoriented residents.	20	25.6	51.0	55.8
Residents with bed sores.	5	6.4	4.0	4.7
Residents receiving special skin care.	6	7.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAMELLIA GARDEN NURS HOME

Street Address:	City and State:		
701 BAYOU MARIE RD	PINEVILLE LA 71360		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	93	PROPRIETARY	01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
86	0	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	68.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	56	65.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	43	50.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	45.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	50.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	21	24.4	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	27.9	32.8	29.3
Completely bedfast residents.	4	4.7	5.6	3.6
Residents confined to chairs.	33	38.4	38.3	39.1
Residents requiring restraints.	24	27.9	27.1	31.7
Confused or disoriented residents.	72	83.7	51.0	55.8
Residents with bed sores.	3	3.5	4.0	4.7
Residents receiving special skin care.	11	12.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLTOP NSG CENTER 2

Street Address:		City and State:	
1100 BAYOU MARIE RD		PINEVILLE LA 71360	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	102	PROPRIETARY	09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	89.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	71	75.5	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	33	35.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	87.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	35.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	25.5	32.8	29.3
Completely bedfast residents.	1	1.1	5.6	3.6
Residents confined to chairs.	24	25.5	38.3	39.1
Residents requiring restraints.	14	14.9	27.1	31.7
Confused or disoriented residents.	51	54.3	51.0	55.8
Residents with bed sores.	5	5.3	4.0	4.7
Residents receiving special skin care.	6	6.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLTOP NURSING CENTER NO 1

Street Address:		City and State:	
500 DUPREE ST		PINEVILLE LA 71360	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	98	PROPRIETARY	04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
76	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	81.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	51	67.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	43	56.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	67.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	57.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	6	7.9	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	34.2	32.8	29.3
Completely bedfast residents.	2	2.6	5.6	3.6
Residents confined to chairs.	29	38.2	38.3	39.1
Residents requiring restraints.	25	32.9	27.1	31.7
Confused or disoriented residents.	47	61.8	51.0	55.8
Residents with bed sores.	2	2.6	4.0	4.7
Residents receiving special skin care.	4	5.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKELAND NURSING HOME

Street Address:		City and State:	
81 HILLSDALE DR BOX 933		PINEVILLE LA 71361	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	140	PROPRIETARY	06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
136	0	135

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	36.8	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	86	63.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	36	26.5	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	36.8	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	31.6	56.2	59.1
Residents on individually written bowel and bladder retraining program.	30	22.1	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	10.3	32.8	29.3
Completely bedfast residents.	1	0.7	5.6	3.6
Residents confined to chairs.	16	11.8	38.3	39.1
Residents requiring restraints.	7	5.1	27.1	31.7
Confused or disoriented residents.	104	76.5	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	13	9.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PILGRIM MANOR OF PINEVILLE

Street Address:	City and State:		
200 GORDON ST	PINEVILLE LA 71360		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	152	PROPRIETARY	02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
132	0	123

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	63.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	82	62.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	63	47.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	34.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	60.6	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	28.0	32.8	29.3
Completely bedfast residents.	10	7.6	5.6	3.6
Residents confined to chairs.	44	33.3	38.3	39.1
Residents requiring restraints.	38	28.8	27.1	31.7
Confused or disoriented residents.	42	31.8	51.0	55.8
Residents with bed sores.	9	6.8	4.0	4.7
Residents receiving special skin care.	5	3.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TIOGA MANOR NURSING CENTER

Street Address:		City and State:	
5201 SHREVEPORT HWY		PINEVILLE LA 71360	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	162	PROPRIETARY	09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	0	102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	31.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	89	74.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	54	45.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	45.0	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	45.8	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	27.5	32.8	29.3
Completely bedfast residents.	3	2.5	5.6	3.6
Residents confined to chairs.	65	54.2	38.3	39.1
Residents requiring restraints.	37	30.8	27.1	31.7
Confused or disoriented residents.	51	42.5	51.0	55.8
Residents with bed sores.	3	2.5	4.0	4.7
Residents receiving special skin care.	25	20.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WHISPERING PINES NH

Street Address:	City and State:		
P O BOX 147	PLAIN DEALING LA 71064		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	89	PROPRIETARY	04/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
84	0	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	34.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	60	71.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	49	58.3	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	45.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	31.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.2	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	14.3	32.8	29.3
Completely bedfast residents.	3	3.6	5.6	3.6
Residents confined to chairs.	27	32.1	38.3	39.1
Residents requiring restraints.	16	19.0	27.1	31.7
Confused or disoriented residents.	20	23.8	51.0	55.8
Residents with bed sores.	1	1.2	4.0	4.7
Residents receiving special skin care.	7	8.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IBERVILLE LIVING CENTER

Street Address:		City and State:	
1601 RIVERWEST DR		PLAQUEMINE LA 70764	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
81	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	65.4	82.9	81.5
Dressing Residents requiring some or total assistance in dressing.	57	70.4	87.0	83.2
Toileting Residents requiring some or total assistance in toileting.	52	64.2	75.2	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	66.7	76.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	50.6	66.2	68.2
Residents on individually written bowel and bladder retraining program.	10	12.3	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	46.9	40.5	37.7
Completely bedfast residents.	1	1.2	8.4	3.4
Residents confined to chairs.	23	28.4	49.1	50.8
Residents requiring restraints.	2	2.5	29.4	41.3
Confused or disoriented residents.	35	43.2	50.4	58.4
Residents with bed sores.	7	8.6	10.6	7.1
Residents receiving special skin care.	36	44.4	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLAQUEMINE NURSING HOME

Street Address:	City and State:		
1202 FERDINAND STREET	PLAQUEMINE LA 70764		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	106	PROPRIETARY	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
84	0	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	75.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	72	85.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	45	53.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	33.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	65.5	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	17.9	32.8	29.3
Completely bedfast residents.	1	1.2	5.6	3.6
Residents confined to chairs.	12	14.3	38.3	39.1
Residents requiring restraints.	17	20.2	27.1	31.7
Confused or disoriented residents.	58	69.0	51.0	55.8
Residents with bed sores.	2	2.4	4.0	4.7
Residents receiving special skin care.	55	65.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVER WEST MEDICAL CENTER SNF

Street Address:	City and State:		
1725 RIVER WEST DR	PLAQUEMINE LA 70764		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	16	PROPRIETARY	11/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
4	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	75.0	82.9	81.5
Dressing Residents requiring some or total assistance in dressing.	4	100	87.0	83.2
Toileting Residents requiring some or total assistance in toileting.	4	100	75.2	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	100	76.9	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	50.0	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	25.0	40.5	37.7
Completely bedfast residents.	0	0.0	8.4	3.4
Residents confined to chairs.	4	100	49.1	50.8
Residents requiring restraints.	0	0.0	29.4	41.3
Confused or disoriented residents.	0	0.0	50.4	58.4
Residents with bed sores.	1	25.0	10.6	7.1
Residents receiving special skin care.	2	50.0	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AVOYELLES MANOR INC

Street Address:		City and State:	
RT 1 BOX 215 LA HWY 107		PLAUCHEVILLE LA 71362	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	104	PROPRIETARY	07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	0	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	58.8	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	50	58.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	43	50.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	52.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	43.5	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	40.0	32.8	29.3
Completely bedfast residents.	3	3.5	5.6	3.6
Residents confined to chairs.	26	30.6	38.3	39.1
Residents requiring restraints.	16	18.8	27.1	31.7
Confused or disoriented residents.	38	44.7	51.0	55.8
Residents with bed sores.	6	7.1	4.0	4.7
Residents receiving special skin care.	38	44.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTH SABINE NURSING HOME INC

Street Address:		City and State:	
RT 1 BOX 168 HIGHWAY 174		PLEASANT HILL LA 71065	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	92	PROPRIETARY	02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
92	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	96.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	74	80.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	57	62.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	62.0	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	51.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	22	23.9	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	22.8	32.8	29.3
Completely bedfast residents.	10	10.9	5.6	3.6
Residents confined to chairs.	27	29.3	38.3	39.1
Residents requiring restraints.	34	37.0	27.1	31.7
Confused or disoriented residents.	29	31.5	51.0	55.8
Residents with bed sores.	4	4.3	4.0	4.7
Residents receiving special skin care.	17	18.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODS HAVEN NH

Street Address:		City and State:	
HWY 165 BOX 469		POLLOCK LA 71467	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	103	PROPRIETARY	05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
87	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	60.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	53	60.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	45	51.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	44.8	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	36.8	56.2	59.1
Residents on individually written bowel and bladder retraining program.	3	3.4	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	24.1	32.8	29.3
Completely bedfast residents.	7	8.0	5.6	3.6
Residents confined to chairs.	30	34.5	38.3	39.1
Residents requiring restraints.	11	12.6	27.1	31.7
Confused or disoriented residents.	6	6.9	51.0	55.8
Residents with bed sores.	6	6.9	4.0	4.7
Residents receiving special skin care.	8	9.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PORT ALLEN NURSING HOME

Street Address:	City and State:		
403 15TH ST	PORT ALLEN LA 70767		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	125	PROPRIETARY	04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
122	0	110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	75.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	92	75.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	89	73.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	75.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	63.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	18.0	32.8	29.3
Completely bedfast residents.	11	9.0	5.6	3.6
Residents confined to chairs.	37	30.3	38.3	39.1
Residents requiring restraints.	25	20.5	27.1	31.7
Confused or disoriented residents.	72	59.0	51.0	55.8
Residents with bed sores.	16	13.1	4.0	4.7
Residents receiving special skin care.	30	24.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
POYDRAS MANOR NH

Street Address:		City and State:	
MASSICOT ROAD RT 3 BOX 132		POYDRAS LA 70085	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	36	PROPRIETARY	04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
31	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	38.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	13	41.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	13	41.9	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	58.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	54.8	56.2	59.1
Residents on individually written bowel and bladder retraining program.	7	22.6	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	41.9	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	7	22.6	38.3	39.1
Residents requiring restraints.	2	6.5	27.1	31.7
Confused or disoriented residents.	29	93.5	51.0	55.8
Residents with bed sores.	1	3.2	4.0	4.7
Residents receiving special skin care.	7	22.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINEHILL SR CITIZENS HOME INC

Street Address:		City and State:	
RT 2 BOX 55		QUITMAN LA 71268	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	PROPRIETARY	12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
75	0	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	93.3	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	63	84.0	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	60	80.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	93.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	92.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	10	13.3	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	37.3	32.8	29.3
Completely bedfast residents.	2	2.7	5.6	3.6
Residents confined to chairs.	23	30.7	38.3	39.1
Residents requiring restraints.	17	22.7	27.1	31.7
Confused or disoriented residents.	42	56.0	51.0	55.8
Residents with bed sores.	5	6.7	4.0	4.7
Residents receiving special skin care.	18	24.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RACELAND HEALTH CARE CENTER

Street Address:		City and State:	
HWY 1 SOUTH		RACELAND LA 70394	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	82	PROPRIETARY	02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
61	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	68.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	49	80.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	45	73.8	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	68.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	73.8	56.2	59.1
Residents on individually written bowel and bladder retraining program.	13	21.3	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	24.6	32.8	29.3
Completely bedfast residents.	1	1.6	5.6	3.6
Residents confined to chairs.	35	57.4	38.3	39.1
Residents requiring restraints.	16	26.2	27.1	31.7
Confused or disoriented residents.	35	57.4	51.0	55.8
Residents with bed sores.	2	3.3	4.0	4.7
Residents receiving special skin care.	15	24.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ANNE GENERAL HOSPITAL

Street Address:	City and State:		
P O BOX 440 TWIN OAKS DRIVE	RACELAND LA 70394		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	20	LOCAL GOVERNMENT	06/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
5	4	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	5	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	5	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	5	100	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	100	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	100	40.5	37.7
Completely bedfast residents.	2	40.0	8.4	3.4
Residents confined to chairs.	3	60.0	49.1	50.8
Residents requiring restraints.	0	0.0	29.4	41.3
Confused or disoriented residents.	1	20.0	50.4	58.4
Residents with bed sores.	2	40.0	10.6	7.1
Residents receiving special skin care.	2	40.0	29.2	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RAYNE GUEST HOME INC

Street Address:	City and State:		
308 AMELIA ST	RAYNE LA 70578		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
111	0	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	95.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	101	91.0	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	91	82.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	81.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	111	100	56.2	59.1
Residents on individually written bowel and bladder retraining program.	10	9.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	26.1	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	19	17.1	38.3	39.1
Residents requiring restraints.	60	54.1	27.1	31.7
Confused or disoriented residents.	100	90.1	51.0	55.8
Residents with bed sores.	2	1.8	4.0	4.7
Residents receiving special skin care.	1	0.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL MANOR GUEST HOUSE NH

Street Address:		City and State:	
505 E 4TH STREET		RAYVILLE LA 71269	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	134	PROPRIETARY	08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	0	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	51.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	76	64.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	52	44.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	47.5	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	50.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	28.0	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	29	24.6	38.3	39.1
Residents requiring restraints.	25	21.2	27.1	31.7
Confused or disoriented residents.	57	48.3	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	6	5.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY COMFORT COTTAGE NURSING HOME

Street Address:		City and State:	
717 MADELINE ST		RAYVILLE LA 71269	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	85	NON-PROFIT OTHER	05/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
82	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	67.1	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	52	63.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	35	42.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	53.7	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	73.2	56.2	59.1
Residents on individually written bowel and bladder retraining program.	7	8.5	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	20.7	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	27	32.9	38.3	39.1
Residents requiring restraints.	7	8.5	27.1	31.7
Confused or disoriented residents.	9	11.0	51.0	55.8
Residents with bed sores.	10	12.2	4.0	4.7
Residents receiving special skin care.	20	24.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RAYVILLE GUEST HOUSE

Street Address:		City and State:	
GREER RD		RAYVILLE LA 71269	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	125	PROPRIETARY	02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
106	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	87.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	59	55.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	41	38.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	57.5	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	17.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	5	4.7	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	22.6	32.8	29.3
Completely bedfast residents.	3	2.8	5.6	3.6
Residents confined to chairs.	28	26.4	38.3	39.1
Residents requiring restraints.	10	9.4	27.1	31.7
Confused or disoriented residents.	33	31.1	51.0	55.8
Residents with bed sores.	1	0.9	4.0	4.7
Residents receiving special skin care.	106	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RINGGOLD NURSE CARE CENTER INC

Street Address:		City and State:	
KENNETH STREET BOX 828		RINGGOLD LA 71068	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	125	PROPRIETARY	04/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
82	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	73.2	76.7	78.3
Dressing Residents requiring some or total assistance in dressing.	58	70.7	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	59	72.0	63.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	65.9	66.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	67.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	20	24.4	9.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	30.5	32.8	29.3
Completely bedfast residents.	7	8.5	5.6	3.6
Residents confined to chairs.	39	47.6	38.3	39.1
Residents requiring restraints.	30	36.6	27.1	31.7
Confused or disoriented residents.	56	68.3	51.0	55.8
Residents with bed sores.	5	6.1	4.0	4.7
Residents receiving special skin care.	7	8.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALPINE GUEST CARE CENTER

Street Address:		City and State:	
HWY 80 EAST BOX 1385		RUSTON LA 71273	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	137	PROPRIETARY	07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	0	91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	79.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	74	62.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	76	63.9	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	45.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	13	10.9	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	27.7	32.8	29.3
Completely bedfast residents.	2	1.7	5.6	3.6
Residents confined to chairs.	54	45.4	38.3	39.1
Residents requiring restraints.	27	22.7	27.1	31.7
Confused or disoriented residents.	36	30.3	51.0	55.8
Residents with bed sores.	6	5.0	4.0	4.7
Residents receiving special skin care.	26	21.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LONGLEAF NURSING HOME

Street Address:		City and State:	
HIGHWAY 80 EAST		RUSTON LA 71270	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	92	PROPRIETARY	05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
84	0	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	85.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	61	72.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	45	53.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	76.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	46.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	21.4	32.8	29.3
Completely bedfast residents.	3	3.6	5.6	3.6
Residents confined to chairs.	28	33.3	38.3	39.1
Residents requiring restraints.	7	8.3	27.1	31.7
Confused or disoriented residents.	35	41.7	51.0	55.8
Residents with bed sores.	1	1.2	4.0	4.7
Residents receiving special skin care.	4	4.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOWNE OAKS NURSING CTR INC

Street Address:		City and State:	
1405 WHITE ST		RUSTON LA 71270	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	123	PROPRIETARY	10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
115	0	96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	97.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	70	60.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	65	56.5	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	96.5	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	46.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	3	2.6	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	36.5	32.8	29.3
Completely bedfast residents.	7	6.1	5.6	3.6
Residents confined to chairs.	41	35.7	38.3	39.1
Residents requiring restraints.	33	28.7	27.1	31.7
Confused or disoriented residents.	63	54.8	51.0	55.8
Residents with bed sores.	7	6.1	4.0	4.7
Residents receiving special skin care.	23	20.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST RITAS NURSING HOME

Street Address:		City and State:	
RT 2 BOX 1050 HWY 46		SAIINT BERNARD LA 70085	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	PROPRIETARY	05/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
72	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	88.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	37	51.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	41.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	70.8	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	51.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	12.5	32.8	29.3
Completely bedfast residents.	1	1.4	5.6	3.6
Residents confined to chairs.	25	34.7	38.3	39.1
Residents requiring restraints.	5	6.9	27.1	31.7
Confused or disoriented residents.	35	48.6	51.0	55.8
Residents with bed sores.	3	4.2	4.0	4.7
Residents receiving special skin care.	12	16.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FERNANDEZ NH

Street Address:		City and State:	
2725 BAYOU ROAD		SAINT BERNARD LA 70085	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	30	PROPRIETARY	04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
28	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	100	76.7	78.3
Dressing Residents requiring some or total assistance in dressing.	26	92.9	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	15	53.6	63.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	42.9	66.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	50.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	42.9	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	7	25.0	38.3	39.1
Residents requiring restraints.	10	35.7	27.1	31.7
Confused or disoriented residents.	18	64.3	51.0	55.8
Residents with bed sores.	4	14.3	4.0	4.7
Residents receiving special skin care.	7	25.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IDLEWOOD NURSING CENTER

Street Address:		City and State:	
HWY 10 P O DRAWER 12957		SAINT FRANCISVILLE LA 70775	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	128	PROPRIETARY	02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	53.1	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	68	70.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	36	37.5	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	36.5	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	37.5	56.2	59.1
Residents on individually written bowel and bladder retraining program.	35	36.5	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	12.5	32.8	29.3
Completely bedfast residents.	4	4.2	5.6	3.6
Residents confined to chairs.	20	20.8	38.3	39.1
Residents requiring restraints.	9	9.4	27.1	31.7
Confused or disoriented residents.	37	38.5	51.0	55.8
Residents with bed sores.	3	3.1	4.0	4.7
Residents receiving special skin care.	41	42.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST MARTINVILLE GUEST HOME

Street Address:		City and State:	
200 CLAIRE DRIVE		SAINT MARTINVILLE LA 70582	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	146	PROPRIETARY	07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
129	0	111

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	67.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	87	67.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	76	58.9	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	50.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	47.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	1	0.8	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	29.5	32.8	29.3
Completely bedfast residents.	5	3.9	5.6	3.6
Residents confined to chairs.	53	41.1	38.3	39.1
Residents requiring restraints.	58	45.0	27.1	31.7
Confused or disoriented residents.	58	45.0	51.0	55.8
Residents with bed sores.	3	2.3	4.0	4.7
Residents receiving special skin care.	25	19.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUTUMN LEAVES CARE CTR OF SHREVEPORT

Street Address:		City and State:	
205 IDEMA		SHREVEPORT LA 71106	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	140	PROPRIETARY	05/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
127	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	64.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	106	83.5	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	106	83.5	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	54.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	63.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	23	18.1	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	25.2	32.8	29.3
Completely bedfast residents.	13	10.2	5.6	3.6
Residents confined to chairs.	41	32.3	38.3	39.1
Residents requiring restraints.	41	32.3	27.1	31.7
Confused or disoriented residents.	80	63.0	51.0	55.8
Residents with bed sores.	8	6.3	4.0	4.7
Residents receiving special skin care.	17	13.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BOOKER T WASHINGTON NURSING HOME

Street Address:		City and State:	
610 TURNER LA		SHREVEPORT LA 71106	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	54	PROPRIETARY	04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
51	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	100	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	51	100	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	62.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	62.7	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	51.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	52.9	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	25	49.0	38.3	39.1
Residents requiring restraints.	19	37.3	27.1	31.7
Confused or disoriented residents.	34	66.7	51.0	55.8
Residents with bed sores.	3	5.9	4.0	4.7
Residents receiving special skin care.	3	5.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTENARY HERITAGE MANOR

Street Address:	City and State:		
225 WYANDOTTE ST	SHREVEPORT LA 71101		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	101	PROPRIETARY	12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	0	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	95.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	79	86.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	79	86.8	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	60.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	56.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	4	4.4	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	41.8	32.8	29.3
Completely bedfast residents.	39	42.9	5.6	3.6
Residents confined to chairs.	8	8.8	38.3	39.1
Residents requiring restraints.	39	42.9	27.1	31.7
Confused or disoriented residents.	55	60.4	51.0	55.8
Residents with bed sores.	2	2.2	4.0	4.7
Residents receiving special skin care.	43	47.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDEN GARDENS NURSING CENTER

Street Address:	City and State:		
7923 LINE AVE	SHREVEPORT LA 71106		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	74	PROPRIETARY	04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
72	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	84.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	51	70.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	49	68.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	73.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	76.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	38.9	32.8	29.3
Completely bedfast residents.	12	16.7	5.6	3.6
Residents confined to chairs.	35	48.6	38.3	39.1
Residents requiring restraints.	16	22.2	27.1	31.7
Confused or disoriented residents.	36	50.0	51.0	55.8
Residents with bed sores.	7	9.7	4.0	4.7
Residents receiving special skin care.	2	2.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLEN OAKS NH

Street Address:		City and State:	
1524 GLEN OAKS PLACE		SHREVEPORT LA 71103	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	61	NON-PROFIT OTHER	12/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	61.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	17	28.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	24	40.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	40.0	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	18.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	10.0	32.8	29.3
Completely bedfast residents.	2	3.3	5.6	3.6
Residents confined to chairs.	8	13.3	38.3	39.1
Residents requiring restraints.	11	18.3	27.1	31.7
Confused or disoriented residents.	13	21.7	51.0	55.8
Residents with bed sores.	1	1.7	4.0	4.7
Residents receiving special skin care.	8	13.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARMONY HOUSE NURSING HOME

Street Address:		City and State:	
1825 LAUREL ST		SHREVEPORT LA 71103	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	115	PROPRIETARY	03/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
106	0	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	75.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	80	75.5	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	80	75.5	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	32.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	75.5	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	20.8	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	19	17.9	38.3	39.1
Residents requiring restraints.	9	8.5	27.1	31.7
Confused or disoriented residents.	85	80.2	51.0	55.8
Residents with bed sores.	7	6.6	4.0	4.7
Residents receiving special skin care.	15	14.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF SHREVEPORT

Street Address:	City and State:		
1536 CLAIBORNE AVENUE	SHREVEPORT LA 71103		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	86	PROPRIETARY	12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	96.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	67	78.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	63	74.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	85.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	54.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.2	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	32.9	32.8	29.3
Completely bedfast residents.	1	1.2	5.6	3.6
Residents confined to chairs.	57	67.1	38.3	39.1
Residents requiring restraints.	39	45.9	27.1	31.7
Confused or disoriented residents.	57	67.1	51.0	55.8
Residents with bed sores.	4	4.7	4.0	4.7
Residents receiving special skin care.	8	9.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF WESTWOOD

Street Address:		City and State:	
1 WESTWOOD CIRCLE		SHREVEPORT LA 71109	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	142	PROPRIETARY	01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
129	0	103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	84.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	117	90.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	83	64.3	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	75.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	58.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	32.6	32.8	29.3
Completely bedfast residents.	4	3.1	5.6	3.6
Residents confined to chairs.	54	41.9	38.3	39.1
Residents requiring restraints.	37	28.7	27.1	31.7
Confused or disoriented residents.	56	43.4	51.0	55.8
Residents with bed sores.	3	2.3	4.0	4.7
Residents receiving special skin care.	23	17.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR SOUTH

Street Address:		City and State:	
9712 MANSFIELD ROAD		SHREVEPORT LA 71118	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	145	PROPRIETARY	05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
124	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	68.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	59	47.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	71	57.3	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	73.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	31.5	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	12.1	32.8	29.3
Completely bedfast residents.	6	4.8	5.6	3.6
Residents confined to chairs.	4	3.2	38.3	39.1
Residents requiring restraints.	15	12.1	27.1	31.7
Confused or disoriented residents.	49	39.5	51.0	55.8
Residents with bed sores.	2	1.6	4.0	4.7
Residents receiving special skin care.	12	9.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIVE OAK RETIREMENT CENTER

Street Address:		City and State:	
600 EAST FLOURNOY LUCAS ROAD		SHREVEPORT LA 71115	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	130	NON-PROFIT OTHER	02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
113	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	88.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	105	92.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	76	67.3	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	60.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	59.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	36.3	32.8	29.3
Completely bedfast residents.	2	1.8	5.6	3.6
Residents confined to chairs.	29	25.7	38.3	39.1
Residents requiring restraints.	24	21.2	27.1	31.7
Confused or disoriented residents.	77	68.1	51.0	55.8
Residents with bed sores.	2	1.8	4.0	4.7
Residents receiving special skin care.	3	2.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAGNOLIA MANOR NURSING HOME

Street Address:		City and State:	
1411 CLAIBORNE AVE		SHREVEPORT LA 71103	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	98	PROPRIETARY	01/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	77.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	63	67.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	58	62.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	41.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	52.7	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	20.4	32.8	29.3
Completely bedfast residents.	2	2.2	5.6	3.6
Residents confined to chairs.	39	41.9	38.3	39.1
Residents requiring restraints.	19	20.4	27.1	31.7
Confused or disoriented residents.	53	57.0	51.0	55.8
Residents with bed sores.	23	24.7	4.0	4.7
Residents receiving special skin care.	11	11.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MIDWAY MANOR NH OF SHREVEPORT INC

Street Address:		City and State:	
2150 MIDWAY		SHREVEPORT LA 71108	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	212	PROPRIETARY	06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
180	0	136

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	65.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	150	83.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	81	45.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	43.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	45.6	56.2	59.1
Residents on individually written bowel and bladder retraining program.	1	0.6	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	22.2	32.8	29.3
Completely bedfast residents.	1	0.6	5.6	3.6
Residents confined to chairs.	32	17.8	38.3	39.1
Residents requiring restraints.	37	20.6	27.1	31.7
Confused or disoriented residents.	87	48.3	51.0	55.8
Residents with bed sores.	4	2.2	4.0	4.7
Residents receiving special skin care.	33	18.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NURSECARE OF SHREVEPORT

Street Address:		City and State:	
1736 IRVING PLACE		SHREVEPORT LA 71101	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	228	PROPRIETARY	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
192	0	107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	142	74.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	134	69.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	134	69.8	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	134	69.8	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	138	71.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	23.4	32.8	29.3
Completely bedfast residents.	12	6.3	5.6	3.6
Residents confined to chairs.	110	57.3	38.3	39.1
Residents requiring restraints.	42	21.9	27.1	31.7
Confused or disoriented residents.	64	33.3	51.0	55.8
Residents with bed sores.	7	3.6	4.0	4.7
Residents receiving special skin care.	0	0.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PIERREMONT HERITAGE MANOR

Street Address:		City and State:	
725 MITCHELL LN		SHREVEPORT LA 71106	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	196	PROPRIETARY	07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
179	0	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	159	88.8	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	170	95.0	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	107	59.8	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	179	100	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	107	59.8	56.2	59.1
Residents on individually written bowel and bladder retraining program.	41	22.9	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	39.1	32.8	29.3
Completely bedfast residents.	4	2.2	5.6	3.6
Residents confined to chairs.	83	46.4	38.3	39.1
Residents requiring restraints.	3	1.7	27.1	31.7
Confused or disoriented residents.	99	55.3	51.0	55.8
Residents with bed sores.	6	3.4	4.0	4.7
Residents receiving special skin care.	84	46.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSEVIEW NURSING CENTER

Street Address:		City and State:	
3405 MANSFIELD RD		SHREVEPORT LA 71103	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	124	PROPRIETARY	01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
113	0	92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	99.1	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	112	99.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	102	90.3	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	85.0	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	102	90.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	22.1	32.8	29.3
Completely bedfast residents.	1	0.9	5.6	3.6
Residents confined to chairs.	60	53.1	38.3	39.1
Residents requiring restraints.	31	27.4	27.1	31.7
Confused or disoriented residents.	92	81.4	51.0	55.8
Residents with bed sores.	2	1.8	4.0	4.7
Residents receiving special skin care.	8	7.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHREVEPORT MANOR GUEST CARE CENTER

Street Address:		City and State:	
3302 MANSFIELD RD		SHREVEPORT LA 71103	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	124	PROPRIETARY	07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	0	95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	119	100	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	99	83.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	56	47.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	53.8	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	55.5	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	22.7	32.8	29.3
Completely bedfast residents.	1	0.8	5.6	3.6
Residents confined to chairs.	43	36.1	38.3	39.1
Residents requiring restraints.	51	42.9	27.1	31.7
Confused or disoriented residents.	55	46.2	51.0	55.8
Residents with bed sores.	3	2.5	4.0	4.7
Residents receiving special skin care.	10	8.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTH PARK GUEST CARE CENTER

Street Address:		City and State:	
3050 BAIRD RD		SHREVEPORT LA 71118	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	0	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	59.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	62	64.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	49	51.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	57.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	51.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	18.8	32.8	29.3
Completely bedfast residents.	2	2.1	5.6	3.6
Residents confined to chairs.	56	58.3	38.3	39.1
Residents requiring restraints.	15	15.6	27.1	31.7
Confused or disoriented residents.	43	44.8	51.0	55.8
Residents with bed sores.	3	3.1	4.0	4.7
Residents receiving special skin care.	6	6.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE GLEN RETIREMENT VILLAGE

Street Address:	City and State:		
403 E FLOURNOY LUCAS ROAD	SHREVEPORT LA 71115		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	126	NON-PROFIT PRIVATE	02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	16.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	84	70.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	66	55.5	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	48.7	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	56.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	5	4.2	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	25.2	32.8	29.3
Completely bedfast residents.	1	0.8	5.6	3.6
Residents confined to chairs.	52	43.7	38.3	39.1
Residents requiring restraints.	20	16.8	27.1	31.7
Confused or disoriented residents.	66	55.5	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	5	4.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE GUEST CARE CENTER AT SPRING LAKE

Street Address:		City and State:	
8622 LINE AVENUE		SHREVEPORT LA 71106	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	105	PROPRIETARY	09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	78.7	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	72	76.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	48	51.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	52.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	51.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	5	5.3	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	22.3	32.8	29.3
Completely bedfast residents.	3	3.2	5.6	3.6
Residents confined to chairs.	21	22.3	38.3	39.1
Residents requiring restraints.	18	19.1	27.1	31.7
Confused or disoriented residents.	29	30.9	51.0	55.8
Residents with bed sores.	9	9.6	4.0	4.7
Residents receiving special skin care.	23	24.5	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE GUEST HOUSE

Street Address:		City and State:	
9225 NORMANDIE DR		SHREVEPORT LA 71118	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	117	PROPRIETARY	07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
112	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	67.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	88	78.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	69	61.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	58.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	41.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	29.5	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	56	50.0	38.3	39.1
Residents requiring restraints.	20	17.9	27.1	31.7
Confused or disoriented residents.	43	38.4	51.0	55.8
Residents with bed sores.	3	2.7	4.0	4.7
Residents receiving special skin care.	2	1.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VIRGINIA HALL NURSING HOME

Street Address:		City and State:	
2715 VIRGINIA HALL AVE		SHREVEPORT LA 71103	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	155	NON-PROFIT PRIVATE	05/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
142	4	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	78.2	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	124	87.3	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	103	72.5	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	71.8	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	60.6	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	104	73.2	40.5	37.7
Completely bedfast residents.	23	16.2	8.4	3.4
Residents confined to chairs.	58	40.8	49.1	50.8
Residents requiring restraints.	16	11.3	29.4	41.3
Confused or disoriented residents.	76	53.5	50.4	58.4
Residents with bed sores.	1	0.7	10.6	7.1
Residents receiving special skin care.	1	0.7	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAYOU CHATEAU NURSING CENTER

Street Address:		City and State:	
RT 1 BOX 390		SIMMESPORT LA 71369	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	104	PROPRIETARY	10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
102	0	95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	6.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	72	70.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	70	68.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	56.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	65.7	56.2	59.1
Residents on individually written bowel and bladder retraining program.	4	3.9	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	32.4	32.8	29.3
Completely bedfast residents.	3	2.9	5.6	3.6
Residents confined to chairs.	44	43.1	38.3	39.1
Residents requiring restraints.	22	21.6	27.1	31.7
Confused or disoriented residents.	98	96.1	51.0	55.8
Residents with bed sores.	2	2.0	4.0	4.7
Residents receiving special skin care.	9	8.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENBRIAR NURS AND CONVALESCENT HOME

Street Address:	City and State:		
505 ROBERT ROAD	SLIDELL LA 70458		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	174	PROPRIETARY	08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
164	0	127

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	160	97.6	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	134	81.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	101	61.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	68.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	63.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	28.0	32.8	29.3
Completely bedfast residents.	4	2.4	5.6	3.6
Residents confined to chairs.	63	38.4	38.3	39.1
Residents requiring restraints.	53	32.3	27.1	31.7
Confused or disoriented residents.	75	45.7	51.0	55.8
Residents with bed sores.	8	4.9	4.0	4.7
Residents receiving special skin care.	15	9.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GUEST HOUSE OF SLIDELL

Street Address:		City and State:	
1051 ROBERT RD		SLIDELL LA 70458	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	116	PROPRIETARY	09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
108	0	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	94.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	72	66.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	79	73.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	56.5	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	58.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	26	24.1	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	27.8	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	42	38.9	38.3	39.1
Residents requiring restraints.	39	36.1	27.1	31.7
Confused or disoriented residents.	27	25.0	51.0	55.8
Residents with bed sores.	9	8.3	4.0	4.7
Residents receiving special skin care.	98	90.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW MEDICO REHAB SKILLED NURSING CTR

Street Address:		City and State:	
1400 W LINDBERG DR		SLIDELL LA 70458	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	122	PROPRIETARY	02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
64	5	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	96.9	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	98.4	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	78.1	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	67.2	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	71.9	66.2	68.2
Residents on individually written bowel and bladder retraining program.	10	15.6	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	31.3	40.5	37.7
Completely bedfast residents.	2	3.1	8.4	3.4
Residents confined to chairs.	28	43.8	49.1	50.8
Residents requiring restraints.	24	37.5	29.4	41.3
Confused or disoriented residents.	41	64.1	50.4	58.4
Residents with bed sores.	3	4.7	10.6	7.1
Residents receiving special skin care.	13	20.3	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHSHORE LIVING CENTER

Street Address:	City and State:		
106 MEDICAL CENTER DR	SLIDELL LA 70461		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
2	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	2	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	2	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	1	50.0	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	50.0	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	50.0	66.2	68.2
Residents on individually written bowel and bladder retraining program.	1	50.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	40.5	37.7
Completely bedfast residents.	0	0.0	8.4	3.4
Residents confined to chairs.	1	50.0	49.1	50.8
Residents requiring restraints.	1	50.0	29.4	41.3
Confused or disoriented residents.	0	0.0	50.4	58.4
Residents with bed sores.	2	100	10.6	7.1
Residents receiving special skin care.	2	100	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUNTAIN VIEW NURSING HOME

Street Address:		City and State:	
215 1ST ST NE		SPRINGHILL LA 71075	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	133	PROPRIETARY	04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
132	0	102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	110	83.3	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	104	78.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	70	53.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	100	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	53.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	13	9.8	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	31.8	32.8	29.3
Completely bedfast residents.	2	1.5	5.6	3.6
Residents confined to chairs.	67	50.8	38.3	39.1
Residents requiring restraints.	27	20.5	27.1	31.7
Confused or disoriented residents.	63	47.7	51.0	55.8
Residents with bed sores.	3	2.3	4.0	4.7
Residents receiving special skin care.	17	12.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HIGH HOPE CARE CTR

Street Address:		City and State:	
PO BOX 1460		SULPHUR LA 70664	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	101	PROPRIETARY	04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
101	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	79.2	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	80	79.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	85	84.2	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	85.1	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	85.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	54.5	32.8	29.3
Completely bedfast residents.	60	59.4	5.6	3.6
Residents confined to chairs.	20	19.8	38.3	39.1
Residents requiring restraints.	45	44.6	27.1	31.7
Confused or disoriented residents.	50	49.5	51.0	55.8
Residents with bed sores.	1	1.0	4.0	4.7
Residents receiving special skin care.	25	24.8	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLLY HILL HOUSE

Street Address:		City and State:	
100 KINGSTON RD		SULPHUR LA 70663	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	235	PROPRIETARY	01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
190	0	162

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	163	85.8	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	167	87.9	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	146	76.8	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	73.7	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	131	68.9	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	73	38.4	40.5	37.7
Completely bedfast residents.	11	5.8	8.4	3.4
Residents confined to chairs.	117	61.6	49.1	50.8
Residents requiring restraints.	83	43.7	29.4	41.3
Confused or disoriented residents.	106	55.8	50.4	58.4
Residents with bed sores.	15	7.9	10.6	7.1
Residents receiving special skin care.	32	16.8	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DELTA HAVEN NURSING HOME

Street Address:		City and State:	
201 LEE STREET		TALLULAH LA 71282	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	146	PROPRIETARY	02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
124	0	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	81.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	97	78.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	90	72.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	58.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	50.8	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	22.6	32.8	29.3
Completely bedfast residents.	13	10.5	5.6	3.6
Residents confined to chairs.	60	48.4	38.3	39.1
Residents requiring restraints.	19	15.3	27.1	31.7
Confused or disoriented residents.	50	40.3	51.0	55.8
Residents with bed sores.	4	3.2	4.0	4.7
Residents receiving special skin care.	22	17.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MADISON PARISH HOME FOR THE AGED

Street Address:		City and State:	
701 N CHESTNUT ST		TALLULAH LA 71282	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	43	NON-PROFIT PRIVATE	09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
42	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	88.1	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	37	88.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	25	59.5	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	52.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	59.5	56.2	59.1
Residents on individually written bowel and bladder retraining program.	13	31.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	52.4	32.8	29.3
Completely bedfast residents.	4	9.5	5.6	3.6
Residents confined to chairs.	14	33.3	38.3	39.1
Residents requiring restraints.	7	16.7	27.1	31.7
Confused or disoriented residents.	19	45.2	51.0	55.8
Residents with bed sores.	1	2.4	4.0	4.7
Residents receiving special skin care.	3	7.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUDUBON GUEST HOUSE

Street Address:		City and State:	
2110 AUDUBON AVE		THIBODAUX LA 70301	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	180	NON-PROFIT PRIVATE	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
127	0	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	126	99.2	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	125	98.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	117	92.1	63.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	68.5	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	75.6	56.2	59.1
Residents on individually written bowel and bladder retraining program.	25	19.7	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	44.1	32.8	29.3
Completely bedfast residents.	15	11.8	5.6	3.6
Residents confined to chairs.	40	31.5	38.3	39.1
Residents requiring restraints.	53	41.7	27.1	31.7
Confused or disoriented residents.	85	66.9	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	30	23.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF THIBODAUX

Street Address:	City and State:		
1300 LAFOURCHE DR	THIBODAUX LA 70301		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	58	PROPRIETARY	03/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	69.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	57	98.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	34	58.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	58.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	58.6	56.2	59.1
Residents on individually written bowel and bladder retraining program.	2	3.4	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	17.2	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	22	37.9	38.3	39.1
Residents requiring restraints.	15	25.9	27.1	31.7
Confused or disoriented residents.	13	22.4	51.0	55.8
Residents with bed sores.	2	3.4	4.0	4.7
Residents receiving special skin care.	58	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAFOURCHE HOME FOR THE AGED AND INFIRM

Street Address:		City and State:	
1002 TIGER DRIVE		THIBODAUX LA 70301	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	64	NON-PROFIT OTHER	03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
64	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	96.9	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	56	87.5	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	49	76.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	81.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	73.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	54.7	32.8	29.3
Completely bedfast residents.	3	4.7	5.6	3.6
Residents confined to chairs.	35	54.7	38.3	39.1
Residents requiring restraints.	30	46.9	27.1	31.7
Confused or disoriented residents.	45	70.3	51.0	55.8
Residents with bed sores.	5	7.8	4.0	4.7
Residents receiving special skin care.	64	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THIBODAUX GENERAL HOSPITAL SNF

Street Address:	City and State:		
602 NORTH ACADIA ROAD	THIBODAUX LA 70301		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	6	NON-PROFIT OTHER	01/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
1	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	100	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	1	100	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	100	40.5	37.7
Completely bedfast residents.	1	100	8.4	3.4
Residents confined to chairs.	0	0.0	49.1	50.8
Residents requiring restraints.	0	0.0	29.4	41.3
Confused or disoriented residents.	1	100	50.4	58.4
Residents with bed sores.	0	0.0	10.6	7.1
Residents receiving special skin care.	1	100	29.2	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAISON DE SANTE

Street Address:		City and State:	
220 SOUTH THOMPSON		VILLE PLATTE LA 70586	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	217	PROPRIETARY	05/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
211	0	198

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	211	100	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	182	86.3	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	182	86.3	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	155	73.5	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	182	86.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	29	13.7	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	104	49.3	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	65	30.8	38.3	39.1
Residents requiring restraints.	28	13.3	27.1	31.7
Confused or disoriented residents.	86	40.8	51.0	55.8
Residents with bed sores.	4	1.9	4.0	4.7
Residents receiving special skin care.	30	14.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SIMMONS NURSING HOME INC

Street Address:		City and State:	
2309 A STREET		VIOLET LA 70092	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	48	PROPRIETARY	05/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	93.8	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	93.8	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	29	60.4	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	91.7	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	58.3	66.2	68.2
Residents on individually written bowel and bladder retraining program.	1	2.1	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	45.8	40.5	37.7
Completely bedfast residents.	3	6.3	8.4	3.4
Residents confined to chairs.	28	58.3	49.1	50.8
Residents requiring restraints.	16	33.3	29.4	41.3
Confused or disoriented residents.	24	50.0	50.4	58.4
Residents with bed sores.	8	16.7	10.6	7.1
Residents receiving special skin care.	31	64.6	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR OF VIVIAN

Street Address:	City and State:		
CAMP RD ROUTE 1 BOX 111	VIVIAN LA 71082		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	PROPRIETARY	12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
80	0	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	97.5	76.7	78.3
Dressing Residents requiring some or total assistance in dressing.	69	86.2	77.4	76.7
Toileting Residents requiring some or total assistance in toileting.	52	65.0	63.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	65.0	66.3	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	70.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	34	42.5	32.8	29.3
Completely bedfast residents.	5	6.3	5.6	3.6
Residents confined to chairs.	31	38.7	38.3	39.1
Residents requiring restraints.	26	32.5	27.1	31.7
Confused or disoriented residents.	44	55.0	51.0	55.8
Residents with bed sores.	3	3.7	4.0	4.7
Residents receiving special skin care.	4	5.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WELSH NURSING FACILITY

Street Address:		City and State:	
410 SIMMONS STREET		WELSH LA 70591	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	LOCAL GOVERNMENT	01/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	37.3	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	36	61.0	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	39	66.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	93.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	62.7	56.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	72.9	32.8	29.3
Completely bedfast residents.	4	6.8	5.6	3.6
Residents confined to chairs.	23	39.0	38.3	39.1
Residents requiring restraints.	12	20.3	27.1	31.7
Confused or disoriented residents.	30	50.8	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	0	0.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLENWOOD REGIONAL MEDICAL CENTER

Street Address:		City and State:	
MCMILLAN AND THOMAS ROADS		WEST MONROE LA 71291	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	17	NON-PROFIT OTHER	09/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
8	8	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	87.5	82.9	81.5
Dressing				
Residents requiring some or total assistance in dressing.	7	87.5	87.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	7	87.5	75.2	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	62.5	76.9	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	100	66.2	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	12.5	40.5	37.7
Completely bedfast residents.	2	25.0	8.4	3.4
Residents confined to chairs.	5	62.5	49.1	50.8
Residents requiring restraints.	0	0.0	29.4	41.3
Confused or disoriented residents.	2	25.0	50.4	58.4
Residents with bed sores.	0	0.0	10.6	7.1
Residents receiving special skin care.	0	0.0	29.2	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	1.7	518	5.5
Each resident is free from mental and physical abuse.	MET	2	3.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	9	15.5	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	12	20.7	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	1.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	3.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	3	5.2	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	31.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	5	8.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	17.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	17.2	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	22.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	17.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	6	10.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	12	20.7	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	8	13.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	3.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	2	3.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	7	12.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	3	5.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	10	17.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	7	12.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	2	3.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	4	6.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	12	20.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	22	37.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIDGECREST NURSING HOME

Street Address:		City and State:	
100 LANDRUM DRIVE		WEST MONROE LA 71291	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	114	PROPRIETARY	05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
110	0	95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	77.3	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	91	82.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	82	74.5	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	76.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	72.7	56.2	59.1
Residents on individually written bowel and bladder retraining program.	4	3.6	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	31.8	32.8	29.3
Completely bedfast residents.	6	5.5	5.6	3.6
Residents confined to chairs.	52	47.3	38.3	39.1
Residents requiring restraints.	33	30.0	27.1	31.7
Confused or disoriented residents.	29	26.4	51.0	55.8
Residents with bed sores.	3	2.7	4.0	4.7
Residents receiving special skin care.	10	9.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST MONROE GUEST HOUSE

Street Address:		City and State:	
1007 GLENWOOD DR		WEST MONROE LA 71291	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	182	PROPRIETARY	10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
182	0	163

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	54.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	102	56.0	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	85	46.7	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	42.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	59.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	85	46.7	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	28.6	32.8	29.3
Completely bedfast residents.	15	8.2	5.6	3.6
Residents confined to chairs.	23	12.6	38.3	39.1
Residents requiring restraints.	91	50.0	27.1	31.7
Confused or disoriented residents.	92	50.5	51.0	55.8
Residents with bed sores.	6	3.3	4.0	4.7
Residents receiving special skin care.	6	3.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUTUMN LEAVES NURSING HOME

Street Address:	City and State:		
1400 WEST COURT STREET	WINNFIELD LA 71483		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	114	PROPRIETARY	04/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	94.8	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	91	94.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	81	84.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	84.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	18.8	56.2	59.1
Residents on individually written bowel and bladder retraining program.	11	11.5	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	71	74.0	32.8	29.3
Completely bedfast residents.	1	1.0	5.6	3.6
Residents confined to chairs.	35	36.5	38.3	39.1
Residents requiring restraints.	11	11.5	27.1	31.7
Confused or disoriented residents.	40	41.7	51.0	55.8
Residents with bed sores.	3	3.1	4.0	4.7
Residents receiving special skin care.	96	100	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW GUEST CARE CENTER

Street Address:		City and State:	
915 FIRST ST BOX 948		WINNFIELD LA 71483	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	110	PROPRIETARY	01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	76.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	81	82.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	73	74.5	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	77.6	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	51.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	10	10.2	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	52.0	32.8	29.3
Completely bedfast residents.	10	10.2	5.6	3.6
Residents confined to chairs.	41	41.8	38.3	39.1
Residents requiring restraints.	28	28.6	27.1	31.7
Confused or disoriented residents.	39	39.8	51.0	55.8
Residents with bed sores.	3	3.1	4.0	4.7
Residents receiving special skin care.	14	14.3	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANKLIN GUEST HOME

Street Address:		City and State:	
2400 ELLIS STREET		WINNSBORO LA 71295	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	108	PROPRIETARY	02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	0	95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	96.0	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	54	54.5	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	54	54.5	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	41.4	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	40.4	56.2	59.1
Residents on individually written bowel and bladder retraining program.	2	2.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	29.3	32.8	29.3
Completely bedfast residents.	1	1.0	5.6	3.6
Residents confined to chairs.	19	19.2	38.3	39.1
Residents requiring restraints.	14	14.1	27.1	31.7
Confused or disoriented residents.	35	35.4	51.0	55.8
Residents with bed sores.	3	3.0	4.0	4.7
Residents receiving special skin care.	22	22.2	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KING GUEST HOME

Street Address:		City and State:	
1216 PRAIRIE RD P O BOX 878		WINNSBORO LA 71295	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	95	PROPRIETARY	05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	0	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	94.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	72	79.1	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	62	68.1	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	69.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	53.8	56.2	59.1
Residents on individually written bowel and bladder retraining program.	2	2.2	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	40.7	32.8	29.3
Completely bedfast residents.	17	18.7	5.6	3.6
Residents confined to chairs.	34	37.4	38.3	39.1
Residents requiring restraints.	9	9.9	27.1	31.7
Confused or disoriented residents.	30	33.0	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	17	18.7	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINNSBORO MANOR NURSING CTR

Street Address:		City and State:	
LONE CEDAR RD		WINNSBORO LA 71295	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	113	PROPRIETARY	01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
92	0	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	78.3	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	68	73.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	41	44.6	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	48.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	41.3	56.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.1	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	26.1	32.8	29.3
Completely bedfast residents.	7	7.6	5.6	3.6
Residents confined to chairs.	35	38.0	38.3	39.1
Residents requiring restraints.	8	8.7	27.1	31.7
Confused or disoriented residents.	32	34.8	51.0	55.8
Residents with bed sores.	2	2.2	4.0	4.7
Residents receiving special skin care.	11	12.0	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARY ANNA NURSING HOME

Street Address:	City and State:		
TURNER ST	WISNER LA 71378		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	81	PROPRIETARY	11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	97.5	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	61	77.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	41	51.9	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	63.3	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	48.1	56.2	59.1
Residents on individually written bowel and bladder retraining program.	4	5.1	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	26.6	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	26	32.9	38.3	39.1
Residents requiring restraints.	18	22.8	27.1	31.7
Confused or disoriented residents.	41	51.9	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	4	5.1	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSALIE NURSING HOME INC

Street Address:		City and State:	
HWY 15 P O BOX 190		WISNER LA 71378	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	75	PROPRIETARY	07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
68	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	72.1	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	42	61.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	20	29.4	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	30.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	45.6	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	20.6	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	20	29.4	38.3	39.1
Residents requiring restraints.	0	0.0	27.1	31.7
Confused or disoriented residents.	62	91.2	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	19	27.9	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LANE MEMORIAL HOSPITAL GERIATRIC UNIT

Street Address:		City and State:	
6300 MAIN ST		ZACHARY LA 70791	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	39	NON-PROFIT OTHER	02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
36	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	83.3	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	32	88.9	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	27	75.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	72.2	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	75.0	56.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	41.7	32.8	29.3
Completely bedfast residents.	1	2.8	5.6	3.6
Residents confined to chairs.	26	72.2	38.3	39.1
Residents requiring restraints.	17	47.2	27.1	31.7
Confused or disoriented residents.	20	55.6	51.0	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	2	5.6	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	4	1.6	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	43	17.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	87	35.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.4	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	5	2.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	10	4.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	85	34.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	31	12.5	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	40	16.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	63	25.4	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	71	28.6	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	53	21.4	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	50	20.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	36	14.5	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	63	25.4	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	100	40.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	19	7.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	3.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	30	12.1	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	5	2.0	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	21.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	56	22.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	48	19.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	147	59.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ZACHARY MANOR NURSING HOME

Street Address:		City and State:	
6161 MAIN ST		ZACHARY LA 70791	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	110	PROPRIETARY	11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
103	0	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	52.4	76.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	56	54.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	34	33.0	63.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	35.9	66.3	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	36.9	56.2	59.1
Residents on individually written bowel and bladder retraining program.	19	18.4	9.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	19.4	32.8	29.3
Completely bedfast residents.	0	0.0	5.6	3.6
Residents confined to chairs.	22	21.4	38.3	39.1
Residents requiring restraints.	18	17.5	27.1	31.7
Confused or disoriented residents.	55	53.4	51.0	55.8
Residents with bed sores.	5	4.9	4.0	4.7
Residents receiving special skin care.	21	20.4	24.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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